

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### OUR NATIONAL MEETINGS

We hope we have made it plain to our readers that all nurses are welcome to attend the general meetings of the American Nurses' Association, the League and the Organization for Public Health Nursing, whether members of these bodies or not. It is only at the short business sessions that the doors are closed to all but official delegates and members. Even at this date there will be ample time for nurses from all parts of the country to make their plans to reach San Francisco by the 20th of the month. While the trains provided by the Transportation Committee will be most delightful and will afford congenial companionship across the country, any line leading to the coast will furnish tickets at the reduced convention rate.

We do not know it from official authority, but so many of the war nurses have returned that there is every reason to believe that some of them will attend the convention and that members will learn at first hand of nursing experiences under war conditions and will hear a side of Red Cross life that may never find its way into print.

### AN IMPORTANT DISCOVERY

Probably never would the interest of our readers in a discovery pertaining to the practice of medicine, be greater than at this time, when so many nurses have suffered during their work abroad, from typhus fever. Particularly timely seems the recent publication of the discovery of Dr. Harry Plotz, of Mt. Sinai Hospital, New York, of a typhus fever vaccine. We are glad that the honor of this discovery is due to the labor and ability of a young and comparatively unknown American physician. His progress thus far would indicate wonderful

success in the future. There seems no reason to doubt but that inoculation with the vaccine prepared by Dr. Plotz and his associates, will render less fatal a disease which for many years has been considered one of the most difficult to treat successfully. Certainly, taken in conjunction with the destruction of the germ carrier, proven to be either the head or body louse, or its eggs, and with improved sanitary conditions we can safely feel less dread of the disease. Nor can we fail to be glad that there are those so interested in their profession, in the study and prevention of disease, and the means of combatting it, that they give freely of their time and knowledge, for the benefit of humanity. Reports state that several doctors, expecting to be exposed to the infection, have been inoculated, and the result of their experiences will be eagerly awaited. It seems not inopportune to express our pleasure in the reports which have reached us, that "though all the nurses returning have had typhus, all recovered."

#### PROGRESS OF STATE REGISTRATION

The legislature of the state of New York adjourned with the amendments to the Nurse Practice Act still being held in committee. These amendments were presented by the Board of Regents with the cooperation of the Legislative Committee of the State Nurses' Association which acted under instructions from that association. In these amendments all attempt to protect the word nurse was for the time abandoned, and provision was made for a more rigid placing of all training schools for nurses under the supervision of the Regents. The amendments also provided for the appointment by law of a secretary to the board of examiners to take the place of the inspector of nurse schools, as she is, officially, in her present position only a subordinate member of the Inspections force of the Education Department. They also gave the Regents the right to appoint examiners outside the number nominated by the New York State Association.

This bill, although introduced by the highest educational authority in the state and although having greater support from influential men and women than ever before, met opposition quite as bitter as have those of previous years presented by nurses themselves. The concessions to which they consented gained them nothing, and it would look as if, in matters of nursing legislation, nurses must continue to fix their own standards and to fight their own battles and that no one can do more for them than they can do for themselves.

Ohio has passed a bill which, although not satisfactory to everyone concerned, is considerably better than none at all. It will be remem-

bered that the constitution of the state prevents women from serving as state officers and this bill was accepted rather than have a worse one forced upon them. The nurses of Ohio have been trying for ten years to solve this difficult problem, until they found themselves so in the minority among registered states that there was nothing to prevent the riff raff of the profession from flocking over their borders.

The laws of Maine, Ohio and North Dakota will be found under their state headings in our news pages in this issue. These make forty-two states with laws for the regulation of the education and practice of nursing. Taken as a whole, the work of the winter has been productive of good results. Three new states coming into line from the small number remaining without registration laws is a great gain, and amendments have been passed in a number of states which we have already mentioned, which improve existing laws. Failure, as a result of commercial opposition, only goes to prove the growing importance of nurses in the economic field.

#### CHAUTAUQUA

A reader of the JOURNAL asks us to explain that the Chautauqua School for Nurses is not a part of the well-known Chautauqua Literary and Scientific Circle. Both have their headquarters at Jamestown, New York, so some confusion of terms is a natural consequence.

## WAR TREATMENT OF WOUNDS AND ILLNESSES

By KATHARINE KERR, R.N.

*New York, N. Y.*

All that I can tell of the wounds and illnesses of the war and of their treatment is the little that I, myself, saw and heard while at the American Ambulance Hospital. Of the methods of treatment being followed in the other war hospitals I know nothing very definite, but in those that are run by American doctors the treatment would of course be practically the same as at the American Ambulance, as far as equipment would permit. As for the French war hospitals, frankly I know nothing except what I gleaned from the men's own remarks about them when describing the way they had received their wounds, and their subsequent painful experiences in field hospital, train and ambulance.

Out on the actual front there are a large number of motor ambulances that pick up the wounded after an action and carry them back a few miles to the field hospitals. It is often a matter of great danger for the ambulance men to get to the wounded; sometimes quite impossible, when the men fall between the lines. The soldiers all carry a little sterile package, (about 4 inches by 6, and 2 inches thick), containing gauze, bandage, and small pad. These packages they are sometimes able to use for themselves as temporary dressings. Tanguy who, according to his own description, "bled like a stuck pig" when first wounded, tied up his own leg, but could not get at the wound on his back which was also bleeding profusely. A comrade, less seriously wounded than he, helped him limp in to the field hospital. There he was patched up, and a few days later put on a train for Paris; eventually he reached the station, was transferred to an ambulance, and so came to the hospital. The day he described that trip from the front, I learned a number of fine French swear words. He said he could never have imagined anything so horrible as the train-ride and the ambulance afterward. The big flesh wound on his right shoulder prevented his leaning against anything or even lying down; he could not lean forward on his knees, because the lower half of his right leg was literally full of shrapnel. Those days of joggling in the train and jolting in the ambulance had pretty well used him up. Sometimes the men would fall between the two lines of trenches, and would have to lie there; one fellow kept himself alive for three days, by sucking the flesh of dead men within reach. There were two men who owed their lives



to a German soldier. They were lying wounded near him for many hours, and exchanged water flasks, etc. By and by a German patrol came along, killing off the wounded. "Lie still," said the wounded German quickly, to the Frenchmen. When the patrol reached them, he pointed to his wounded French comrades and said, "It is all right. I have done what was necessary." The patrol carried him off to his own lines, and eventually the French crawled back to theirs.

The ambulance trains are freight cars, filled with bunks, and to each car is assigned an orderly, who drops off at stations to gather what food he can for his patients. I remember a man with a shattered jaw whose tongue was so swollen he could not swallow, and had consequently been on the train three days and nights without even a drop of water. There were a good many slits in his tongue when the surgeons got through with him, but they saved not only his life, but his tongue and jaws as well.

The most serious case in my ward was Roger, who was one of a squad of fifteen left to guard a house on the outskirts of a village. A shell hit the house and killed nine of the men instantly. One of the least wounded of those remaining, crawled out and finally found an ambulance.

Then there was Frémont who was lying in the bottom of a trench with his head toward the enemy and close against the side of the trench. A piece of shrapnel from a shell that exploded about two hundred yards away from him hit the top of his head, making a neat little hole in his skull. His comrades dragged him out, tied a bandage round his head and left him in the lee of a house. It was early morning and that side of the house was in shadow, but towards noon the sun began to reach him, it became stiflingly hot and the flies were awful, but he could not get away because the wound had paralysed his entire left side. So he lay there all day until at evening some friendly person heard his cries. Frémont was promoted to lieutenant while in the ward and was eager to get back and do his share in killing off a few more "Bosches."

Judging from the men's condition when they came in and from what they told me, the facilities at the field hospital must be very meagre. Apparently no attempt was made to remove bullets or shrapnel, but the wound itself was washed out with peroxide or a weak solution of iodine, and a thick dressing applied. The area around the wound was left untouched. After the wound itself was treated, an injection of anti-tetanus serum was usually given and the man was ready to be shipped to a base hospital.

The shipment and distribution of the wounded is, of course, entirely in the hands of the military authorities who allot the patients to the

various cities and hospitals as they think best. The hospitals send their ambulances down to the station when they hear that an ambulance train is coming in.

The American Ambulance took nothing but straight surgical cases, so I saw nothing of typhoid or dysentery. We did, however, get a good many gas gangrene cases. The gas bacillus grows in the wet earth of the trenches and gets into the open wounds. The pus from these wounds is green and has a particularly offensive odor. The skin in these cases, gets full of compartments of gas and crackles when touched. They must be strictly isolated, because gas gangrene is easily communicated. The cases are treated by incision and drainage through large rubber tubes, with daily dressings and irrigations.

Of general infection I recall particularly one case of a man who had received a slight leg wound. He was dressed at a field hospital and then insisted on going back to the trenches. At the end of twelve days he was so weak with fever that he was sent back. When he reached the American Ambulance he had developed such a severe general infection that there was nothing to do but lessen his sufferings as best we could until he died.

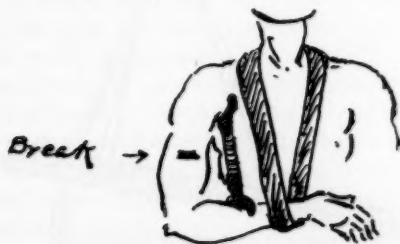
Tetanus cases were very rare, thanks to the serum. Any one who missed getting a dose in his field hospital, got it as soon as he reached us. The first case of frozen foot that came in did not get it, as it did not seem necessary, there being no real wound. But we learned better from him, poor chap, for he developed tetanus within a few days and died.

As the weather got really cold, a good many men came in with frozen feet and of course there was nothing to do, in most cases, but to amputate the frozen portion. The poor fellows would get their feet wet standing in the trenches in the daytime, then at night would come a hard freeze and their feet were done for.

The worst cases, I think, were the shrapnel wounds and infected breaks. Shrapnel scatters so and is so hard to find in the muscle. A bullet hits squarely and tears a hole, and perhaps breaks a bone. Either it runs on out the other side, or it stays there in one little lump that can be taken out, once the X-ray has located it, but shrapnel is a mean thing. It will fill a man full of little bits and odds and ends of metal and stuff until he looks as if someone had shaken it in with a pepper-pot. There was one patient who was a regular iron mine. Every time he was dressed a fresh piece of shrapnel would be found in some utterly unexpected part of his body. Another man had both his feet and his left buttock and thigh so full, that he looked more like a sieve than anything else. His feet had to be cut off, and then every few days

they would give him gas and dig a few more handfuls of clinker out of his hip. He had a very handsome collection (of which he was inordinately proud), ranging from a pinhead in size to a small egg, and all the while, of course, the green and yellow pus kept pouring out of the poor lad's hip, so that in addition to the daily dressing, the nurse had to change him from four to six times a day.

As bad, if not worse, than the shrapnel wounds, were the badly infected fractures. Sometimes it was only the fleshy part which was infected, in a few cases the bone itself. In the latter condition amputation was obviously the wisest course; in the former, the limb could sometimes be saved. Casts and splints being out of the question, the doctors have worked out some very ingenious contrivances for immobilizing the limbs. For a broken humerus, there was an affair made up of two curved ends connected by a spring, made of steel. One end fitted into the armpit and the other fitted over the forearm.



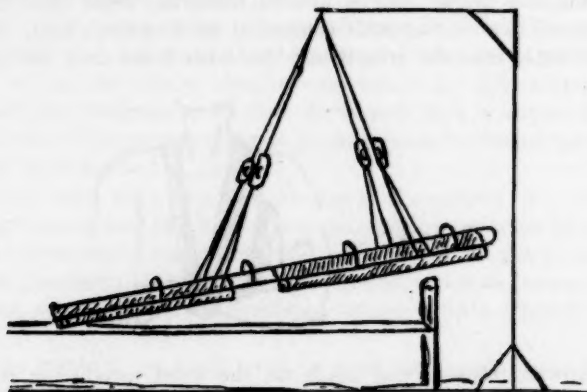
Slight upward tension was made on the wrist, producing resultant tension upon the humerus sufficient to keep the two ends of broken bone in place. I have omitted in this diagram all dressings and padding. It was a fairly simple affair and worked beautifully.

The regular Buck's extension was used a great deal for leg fractures. For an infected knee they had made a canvas swing for the leg, extending from hip to heel. It consisted of two very heavy wire sides, connected by a canvas swing and kept apart by wire braces. The canvas was cut away underneath to allow for dressing, and the whole was padded with cotton. The foot end was elevated by means of pulleys. This made it possible to keep the leg immobilized, and yet do daily dressings and move the patient's trunk.

On his daily rounds in the wards, the doctor takes with him his dressing carriage (to which is attached a special nurse). The carriage contains everything that he will be apt to want, sterile soap and water, a solution of bi-chloride of mercury, sterile gloves, gauze, swabs, cotton sponges, oiled silk (they had no rubber tissue), boric ointment, etc.,

also cotton for reinforcing, bandages, splints, such drugs as balsam of Peru, iodine powder, iodine, iodoform gauze, etc. In addition to these were, of course, the dressing paraphernalia, such as kidney basins and dressing rubbers. Each doctor seemed to do pretty much as he thought best with his cases, although I suppose they must have had consultations with their chiefs.

As with any infected wounds, incisions for drainage were sometimes necessary, dressings were done daily and the wounds irrigated with peroxide, saline or iodine. They used a great deal of iodine powder. For wounds where a large area of skin had been removed, exposure to sun, and skin grafting were practiced as soon as the wound could be made clean enough.



For taking out bullets there was an electric magnet of very high power. A slim steel rod was used either straight, or bent as necessary, to insert into the wound. When it had gone far enough to touch the bullet, the other end of the rod was connected with the magnet and the surgeon slowly withdrew the rod. With a bullet of any size the process was a long one because it would slip off every inch or so and then the rod must be shoved back until you could hear the bullet click up against it again, and so on until the bullet was drawn all the way out. In the case that I watched a bit of shrapnel had penetrated one lung, and was lodged just above the diaphragm. After making several X-ray plates from various sides of the man, they located the shrapnel near the bottom of an incision that had been made for drainage. The process of removing the bullet was pretty painful for poor Sims, but when he saw that the shrapnel was really out of him, he took a stiff

drink of whiskey and walked upstairs as cheerful as if he had just come into a fortune.

The majority of the wounded are strong, hearty chaps, and show a surprising amount of reserve strength and recuperative power, so that they respond very quickly to treatment. The nervous strain of long watching in the trenches, pain from their wounds and anxiety about their families, all combined, produce a state of tension that finds vent sometimes in unmanly proneness to tears; sometimes shows only in the white, drawn look on their faces. Because of these things they should have a particularly long convalescence—but cannot if the war lasts.

During the two months that I spent nursing these men in Paris, I completely recovered from any idea that an offensive war is ever justifiable. Self defense is its only possible justification, because there never could exist conditions of personal abuse, or injustice, or cruelty so limitless and so intense as the injustice, the cruelty and the abuse of person that exist as a necessary part of any kind of warfare. The more "civilized" it is, the worse it is.

From a nursing point of view the work is a bit harder and heavier than in the ordinary hospital ward here in America. The little glimpse that I got into that measureless abyss of misery that is now Europe, has drained the strength from my heart and mind to a far greater extent than I guessed at the time. Yet I'll always look back with pleasure to those mornings at the Ambulance that began always with a chorus of "Bonjour, Mam'selle," and a grin that rippled around the ward as I answered: "Bonjour, mes enfants. Ça va?"

### SCARLET FEVER

By ALBERT D. KAISER, M.D.

*Rochester, N. Y.*

Scarlet fever must be regarded by the informed as one of the dreaded diseases of childhood. This is due not only to the fact that an attack may be so severe as to cause death in a short time or give rise to severe complications, but because the hope of recovery, even in mild cases, has proved too often illusory. For its treatment there is no specific remedy; the mastery of this disease must lie in its prevention.

Scarlet fever has been endemic in Europe for centuries. In the seventeenth century this disease was separated from other infectious exanthemata, especially from measles, but it remained for the nineteenth century to differentiate diphtheria, first clinically, later bacteri-



logically, from the pharyngeal effects of scarlet fever. The disease has always been most prevalent in civilized portions of the world and has shown remarkable differences in the severity of its separate outbreaks. It is more especially a disease of temperate climates. In Europe it is more generally prevalent in England and Germany, in which countries it is always present and frequently epidemic. In the United States it affects particularly the northern states, being more prevalent there than in the South. It is also a city rather than a rural disease. Scarlet fever prevails during the colder months. The autumn months with the opening of the schools show a marked increase in the number of cases, which is progressive until a maximum is reached in January. There is no marked decline until the summer months.

No age is exempt in scarlet fever though it is primarily a disease of childhood. The susceptibility to the disease becomes rapidly less with increasing years. There is at present no method available for testing out the immune or susceptible individuals. Observations that have been made during various epidemics show more than 50 per cent of the population, comprising all ages, were protected; while epidemics of measles in similar places showed that 99 per cent of the population, unprotected by previous infection, were attacked. It has also been observed that the susceptibility to scarlet fever is about seven times greater in persons under twenty than in those over forty. The most susceptible period is from the second to the twelfth year. Cases occurring in children under one year of age are rare. The very young appear to possess a distinct immunity.

The fatality in this disease depends upon the virulence of the scarlet fever organism. The death varies from 1 to 15 per cent and has been known to be higher in some extremely severe epidemics. The highest mortality is in young children from one to three years of age.

The cause of scarlet fever is not known. Streptococci are almost constantly found in the throat and blood of scarlet fever patients but it is probable that the organism plays a secondary rôle and that the disease itself may be due to a protozoon-like body which lowers the resistance of the individual to streptococcal invasion. The scarlet fever germ or whatever it may be, displays great tenacity of life. It seems to cling to whatever object it encounters. In no other disease has the infection been apparently conveyed with such frequency by objects which have come in contact with those ill, as clothes, books, toys and the like.

It is assumed that the virus of scarlet fever is contained in the secretions from the nose, throat and respiratory tract and that it probably enters by the mouth and respiratory passages. Scarlet



fever is most contagious during the period of eruption; little if any during the period of invasion and not at all during the period of incubation. It is readily communicable but less so than measles or small-pox; it had long been taught that the desquamation is the most infectious stage of scarlet fever and it is now very difficult to unteach the public this erroneous view. It is now known that desquamating patients may be safely released from quarantine in the sixth week of their attack provided they have no other complications. There is no accurate means of determining just how long a child remains infective after scarlet fever. It is known, however, that cases with discharging nose, throat or ears remain infective for a long time. Another great danger in the transmission of scarlet fever is the so-called walking or unrecognized case with little further evidence than a passing sore throat. These cases doubtless spread the disease, especially in schools. Third persons may carry the disease perhaps on their clothing or as carriers. Toys, cups, spoons, thermometers, handkerchiefs and other objects contaminated by the secretions of the mouth, play the same rôle here that they do in diphtheria. Scarlet fever is not air-borne; at least the radius of infection is limited to droplet infection. Numerous epidemics spread by milk have been reported.

The period of incubation is variable but is generally from three to five days. The peculiarities of this disease are subject to wide variations. A fairly definite chain of symptoms is usually recognized. They consist in sore throat, fever, rapid pulse, the breaking out of a bright red rash over the body and extremities, and usually tenderness and swelling of the glands of the neck. These symptoms are followed by a stage known as the period of desquamation or peeling. Any one of these symptoms may be absent in the mild cases.

In the moderately severe cases the onset is usually abrupt with fever, angina, prostration and vomiting. In infants convulsions are common at the onset. The fever is high and the skin is hot and dry. The face will be flushed. This stage is known as the period of invasion and will last twenty-four to thirty-six hours. The stage of eruption follows which usually appears on the second day but may be deferred for forty-eight hours. The rash appears first on the neck and chest as a breaking out of fine bright points implanted on a scarlet flush. It spreads rapidly so that by the evening of the second day the entire body may be covered. At its height the eruption has a vivid scarlet hue quite unlike that seen in any other eruptive disease. The rash is more marked on the inner surfaces of the arms and legs and where joints make folds of the skin as in the groins and at the elbows. The rash may be patchy in some cases, with islands of normal skin. In malig-

nant attacks bleeding may take place in the skin causing large purplish patches.

After persisting at its height for two or three days the rash gradually fades, the fading being accompanied by a progressive fall of the fever. Coincident with the fading of the rash the desquamation usually begins. It may be delayed however from this time to the third or fourth week. The peeling usually begins about the neck and chest and the amount seems to bear some relation to the previous intensity of the rash. In uncomplicated cases the desquamation is completed in from two to four weeks. There are great variations in the manifestations of desquamation. In rare cases the skin of the hands and feet shed like a glove *en masse*.

The throat symptoms of scarlet fever, though not always typical, are prominent. The inflammation varies from redness of the hard palate and inner surface of the cheeks, with only slight swelling of the soft palate and tonsils, to the condition known as "diphtheroid" with much increased swelling and inflammation of the tonsils and neighboring parts. Frequently there is an extensive formation of a membrane over the tonsils and soft palate. In severe cases there would be marked swelling of the glands and soft parts of the neck causing interference with breathing.

The tongue also has a characteristic appearance. At the outset of the disease it is coated with white, the edges being red. The little papillae or prominences with which the tongue is studded, emerge through the white coating and can be seen as little red points dotting the white surface. Later in the disease the tongue is left rough and red. The papillae remain considerably swollen and this, together with the beefy appearance of the tongue, constitute a condition characteristic of scarlet fever which is described as a "strawberry tongue."

The diagnosis of scarlet fever is not always easy on account of the absence of one or the other of these symptoms. Undoubtedly there are mild cases which present no skin manifestations and consequently go unrecognized.

The complications of scarlet fever are many and severe and may develop even in a mild case. This necessitates unusual vigilance throughout the disease. Nephritis, middle-ear disease, endocarditis, and arthritis are the most common sequelae. The nephritis following scarlet fever usually develops in the second or third week. The kidney inflammation may be mild, giving rise to slight swelling of the eyelids and feet, or to those of greater severity with scanty urine loaded with albumin and general swelling of the body. Nephritis frequently follows a mild case where the patient remained in bed only a few days.

Ear complications are very common, being caused by an extension of the throat inflammation to the interior of the ears through the canals by which they open into the throat. Adenitis or inflammation of the glands of the neck is a frequent accompaniment and may be only a mild inflammation or go on to suppuration. The other complications are less common but are the means of permanently incapacitating an individual who contracted the trouble following an attack of scarlet fever.

In the treatment of this disease no specific remedy is available, consequently the first aim should be to isolate the sick child and thus prevent its spread. The disease is a long one and from the onset, first manifested by sore throat and fever, until the desquamation is completed, the child must be kept in bed. The most helpful thing that can be done is to place the patient in the most favorable position for successfully combatting the disease. The room should be the best available. All hangings, carpets and upholstered furniture are to be taken from the room before the patient is brought in. The furniture left should be of a kind readily cleansed. There should be no such fancied attempts at purifying the air as by hanging up sheets wet with disinfectants. Such measures are not only useless but tend to give a false sense of security. Needless to say the patient should be provided with bed-clothing, night gowns, towels, eating utensils and drinking vessels for his exclusive use.

A tub of good disinfectant solution should be provided for soaking articles used by the patient. Either a 5 per cent solution of carbolic acid or a 2 per cent solution of creosol may be used. A basin of disinfectant or running water should be at hand for cleaning the attendant's hands after handling the patient. No articles used by the patient should be allowed to leave the room unless they have been soaked in a disinfectant solution or boiled for at least twenty minutes. Discharges from the nose and throat should be received in pieces of cotton gauze or old linen which can be burned.

The actual treatment is chiefly dietary and symptomatic. The diet will depend upon the age of the patient. In the acute febrile period it will be exclusively milk but during the post-febrile period slight additions should be made by the use of cereals, porridge, toast and crackers. The urine should be examined every other day. Daily evacuations of the bowels should be secured. The high fever is best controlled by sponge baths at 90° or, if sponging does not answer, the pack should be brought into use.

The itching and burning of the skin in scarlet fever is most distressing. The child's comfort will be greatly enhanced by an inunction

twice daily of cold cream or liquid albolene. Vaseline or olive oil may be used, but they are much less satisfactory. During the period of desquamation the process is facilitated by rubbing the body with some bland unguent, like olive oil or cocoa butter.

During the acute stage the nose and throat demand attention. In older children a solution of menthol and albolene may be used for the nose by means of an atomizer and in the very young by instillation with a medicine dropper. The throat may be treated by means of a gargle if the child is old enough, otherwise it may be irrigated with hot saline solution at 120° F.

A period of at least three weeks in bed should be insisted upon in even the mildest type of scarlet fever. In mild cases patients have frequently seemed well in a few days and have been permitted to get up. They remained apparently well until the third week, when perhaps the physician was called in to treat a general oedema, and urine examination revealed an acute nephritis.

Any disease that offers little hope from specific treatment demands greater attempts at prophylaxis. With no precise knowledge of its cause and modes of transmission our procedures in this field are uncertain. Certain things that are very helpful can be done. It is important to recognize the mild cases in schools through an efficient medical inspection. A suspected case should always be isolated. There is no specific prophylaxis, though a streptococcus vaccine has been tried. These vaccines have been used but a short time so the amount of immunity obtained is problematical. Diseased tonsils undoubtedly furnish fertile soil for scarlet fever as well as any other infection contracted through the respiratory tract and their removal is advised as a prevention.

#### CREAMED DISHES FOR THE CONVALESCENT

By CORA McCABE SARGENT, R.N.

*Towson, Md.*

Although savory at all times, when properly made, a creamed dish, that is, food dressed with a cream or white sauce, is preëminently intended for the sick and constitutes one of the most appetizing ways of presenting an old friend in a new guise; possibly it is one which has been prescribed during a prolonged illness and the monotony of service has become such that the eye rejects even before the palate has had the opportunity to test its merits. It is at such a time as this that the cream sauce comes to the rescue. Another virtue of the sauce is that its range

is so varied. Indeed, it may almost be said to be without limitation; for it may be used to equal advantage whether with fish, flesh, fowl or vegetables.

In a hospital when, of a necessity, the food is sent to the diet kitchens in bulk and a more or less crude state, it is well worth while for the nurse in charge to acquaint herself with the various personal touches which mean so much when catering for the sick. To bring these to her notice is the main object of the appended suggestions.

However, before passing to the practical uses of the cream sauce, the making of it claims attention, for there are cream sauces and *cream sauces*. The one is like so much bill poster's paste or perhaps runs all over the plate like so much starch water indifferently seasoned; the other, the real cream sauce, the making of which is one of the truest tests of a cook's skill, is as its name indicates of the consistency of heavy cream, the ingredients being thoroughly incorporated, the seasoning so carefully proportioned that there is a hint of each with no one so conspicuous that it destroys the others. This perfection is, of course, the result of attention to minute details. The same care should be exercised in food combinations, especially blendings and seasonings, as the pharmacist uses when filling a prescription. By way of digression, herein lies the secret of the success of the real cook, the *cordon bleu*, to whom nothing, however insignificant, is too much trouble, if it adds even remotely to the success of the dish in course of concoction.

The first essential of a perfect cream sauce is cleanliness. The saucepan, which should be porcelain lined, must be absolutely clean. The least flavor or particle of foreign matter adhering to it will detract from the delicate flavor which is the "life" of the sauce. Only a wooden spoon should be used for blending and stirring. A metal one impairs the flavor.

To make a plain, white sauce, one requires butter, flour and rich, unskimmed milk in the proportion of one ounce of butter and one-half ounce of flour to each pint of milk. These quantities may be increased or diminished, provided always the original proportions are preserved. Season to taste with salt, pepper and a very little powdered mace.

The initial step in the process of sauce-making is blending the ingredients. To do this, stand the saucepan in a larger one containing boiling water, (or use a double boiler); put in the butter and let it melt, but on no account boil, as that will convert it into an indigestible oil that would be a severe tax upon digestive organs already weakened by disease to say nothing of the oily look and taste it will give the sauce which no amount of cooking will dispel. Then add the flour,



a very little at a time, blending thoroughly, and mix to a smooth paste. Gradually add the milk, stirring the while; cover and shake the pan round without stopping, always in the same direction, until the mixture simmers. Stop the shaking and let boil one minute; remove instantly from the fire and season. Serve without delay. Standing after it is made is ruinous to a sauce of this variety.

The changes which may be rung in upon the cream sauce are many. This in the preparation of all food for the sick is one of the main points to observe and put into practice. Monotony is the surest way to destroy a healthy appetite. When the capricious appetite of the sick is in question variety really becomes not the spice of life but rather a life saver.

When the cream sauce is to be used as a dressing for shredded or baked fish, add a few drops of lemon juice just before pouring it over the fish. Then garnish the dish with tiny lemon crescents and one or two sprigs of fresh crisp parsley, attractively disposed, not the stale, dejected garnish which one so often sees doing sentinel duty at each end of a dish. By substituting oyster liquor for one-half the quantity of milk, adding a suspicion of cayenne, a dash of lemon juice, a mere sprinkling of grated nutmeg, two drops of the essence of anchovy, the result is a most delicious sauce which converts the "daily order of chicken," of which the convalescent is tiring, into a culinary delight. Hard boil an egg, then chop the whites very fine, put the yolk through a food ricer; add to a cream sauce and presto! change! an egg sauce, most delicious for fish, is the result.

Creamed sweetbreads and creamed oysters are both most delectable concoctions. They may be combined, half portions of each, with savory results and if not a violation of the patients' prescribed diet, are most attractive served in green, sweet pepper shells. The pepper also imparts its own flavor to the food which is most agreeable to the palate that is craving something out of the usual. So simple a thing as a poached egg served on toast, dressed with cream sauce and garnished with parsley, takes upon itself new culinary virtues to provoke the flagging appetite which revolts at the thought of eating another egg.

When it comes to vegetables the cream sauce is, one is tempted to say, a gift from the gods. Cut the potatoes into small blocks, stew tender in boiling water, taking care to preserve the shape, then drain and shake for a moment in a current of cold air so that surplus moisture will evaporate. Dress with a cream sauce to which a little minced parsley has been added and serve at once. French peas are as dainty as they are delicious when dressed with cream sauce and served in a



dainty china ramequin or a chocolate colored cocote. Spinach, which is so wholesome, may be made most tempting if chopped fine, dressed with a cream sauce and garnished with tiny egg balls made by mincing the yolks of hard boiled eggs, then shaping in nests formed of the chopped whites. The combination of yellow, green and white is very pleasing. Another attractive dish is made by cutting asparagus tips (previously cooked in the can), into inch lengths, dressing with cream sauce and serving in toasted bread cases. Carrots boiled until tender, drained, cut into little blocks, and dressed with cream cauce are very palatable. This vegetable is not as highly appreciated as it should be, the reason mainly, being that it is so seldom served in a palatable form. Creamed celery is another delicate dish for the sick and may often be eaten when the raw celery would be prohibited. Use only the white tender portions. Cut into short pieces and stew tender in boiling salted water. Then drain and dress with the sauce. Lettuce is another vegetable which lends itself admirably to this form of serving. Select the firm head, cut away the outside leaves; then shred and crisp thirty minutes in ice water. Drain in a colander, press gently between the folds of a soft clean cloth. Tie in a square of clean cheese-cloth and cook in boiling water to cover for twenty minutes. Take out and drain. Pour the sauce over it and serve at once. Lettuce being a sedative, this dish becomes of value from more than one view point. Often many of the succulent vegetables, because of the indigestible fibers they contain, must be eliminated from the dietary of the sick, when their salts and other properties would be most valuable. Again it is the cream sauce which the dietitian or the diet kitchen nurse can bring to her practical aid. By cooking the vegetables tender, then draining and pressing through a puree sieve the essence is obtained without the objectionable features. To this pulp add a cream sauce, then dilute with hot milk and a delicious cream soup is the result.

The foregoing are but a few of the numerous possibilities in the way of changes which the resourceful nurse, who appreciates the value of food as a factor in the treatment of diseases, may fall back upon. Happily, this is becoming a prominent feature of the curriculum of our nurses' training schools. For while it is not at all essential that a good cook understand nursing the sick, it is most important that a good nurse have a certain, practical knowledge of cooking.

## WITH THE RED CROSS FROM NEW YORK TO GLEIWITZ

By DONNA G. BURGAR, R.N.

*Member of the Boston Unit of the Red Cross*

The trip from New York to Falmouth ended on the night of September 23, just twelve days from the date of sailing and everyone was glad to see the welcome lights of land, as we slowly steamed into the harbor, our ship with all lights lighted and all flags unfurled. Our arrival in the coast waters was not a quiet one, for every searchlight on the land flashed out upon us, looked us over, saluted us with messages of "Welcome," "Good-night," and "God-speed." We were a neutral ship on an errand of mercy to all the war-involved nations, and we were welcomed as such, and there was not a heart on board which was not thrilled with the solemnity of our mission.

The harbor seemed ablaze that night, as the powerful searchlights swept the sea, their rays penetrating the farthest, darkest corners, and the busy, lighted boats plied in and out intent on their work. The pilot came to us in a tiny shell-like sailboat, dancing on the waves, and continually in the glare of an English searchlight. As he neared our ship and climbed up the side on a rope ladder and set foot on board, he was given a rousing cheer. That night we anchored outside in the entrance to the harbor and in the morning were towed into the quiet inlet, opposite the mouth of the river Fal.

The few days at Falmouth were happy ones for the nurses and doctors, for we had shore leave every day from ten to six while the ship's crew was busy, unloading the surgical supplies for Russia and England, and while the American officials were conferring with England, France, Germany and Austria, regarding the placing of the Red Cross Units.

As soon as Major Patterson and Dr. Beal returned from London with final arrangements made, the Russian units left for quick transit across the British Isles to Dundee, and the English units left for their field of work.

The ship weighed anchor at 10 in the morning, and after a day and night of pleasant sailing, we cast anchor in the mouth of the river Gironde, twenty-seven miles down from Bordeaux. At full tide, and in the moonlight, we were able to go several miles farther up the river, to Pauillac, the seaport town of Bordeaux. The same wait for the unloading of supplies had to be made and the crew worked day and night. Admiral Ward and Major Patterson went to Bordeaux to confer with the French Red Cross. No shore leave was allowed and we began to realize that we were coming nearer and nearer to the fields of war.



HERSTELLUNG EINES DRAHTVERHAUES



A FLASHLIGHT OF THE BARRACKS

At 3 a.m. of October 4, we left Pauillac with the ebb of the tide, and on the 5th were sailing up the English Channel. Numerous patrol-ships were encountered, but all courtesy was extended the steamer *Red Cross*, and she was allowed to proceed on her way, through the rough sea, under the guidance of the pilot whom we were obliged to have from Dover to Rotterdam. The trip up the river Maas was a memorable one. It was just sunset hour, 6 o'clock, as the boat steamed up the river through the level Holland lands. The first sight of the windmills and the children in their wooden shoes, playing along the river's side, brought exclamations of delight from everyone, as we



THE OPERATIVE ROOM

The Dressing Car, from an old wheel chair, too small for the use of a man.

The Ether Table—a carpenter's horse, with packer's box boards nailed on (by a nurse).

The Etherizer's Stool—made by a soldier.

The Army Instrument Trunks—which are our only place for keeping the surgical instruments.

The Packing Box for unsterile operating room gauze and cotton.

The Carpenter's Horses for standing the Red Cross stretchers upon when bringing or taking a patient from the operating room.

The Hall Tree—used for irrigations and salt solution hypodermoclysis.

The Flower Vase—used for keeping the hot water thermometer sterile.

stood along the rail. Soon a tug came towards us, with splendid-looking representatives of the Holland Red Cross on board. We were told to hurry out of our heavy coats and steamer hats, into our white caps and blue capes, and the doctors to get into full uniform, for their reception.

Everything was in readiness, as they stepped aboard our ship. Under their escort we continued some five miles up the river into Rotterdam, which seemed a vast sea of ships, wedged closely together in the harbor, and continuing up into the canals, or water streets, to the very door-steps of the warehouses. Very busy the harbor was and our entrance brought blasts of welcome from all the boats. Rotterdam was our last port and Rear-Admiral Ward and Captain Rust were thankful to have us all landed safely without a mishap.

The following day shore leave was granted and we were permitted to go up into the city. How picturesque we all found Holland, even those who had seen it before, and we hoped that it might take a long time to unload, that we might have more time to play there. The next day was the visit of the Queen of Holland's consort, and everyone had to be in attendance at the reception. We had one more day for it took some time to load all the supplies for the Austrian and German units into the freight cars which were to be attached to the train that Germany had sent for us. This day gave us an opportunity to motor to the Hague, Delft, Haarlem, Amsterdam and Scheviningen. Holland was so peaceful that it was difficult to realize the next countries were at war.

The special train was finally ready, and we were bundled in bag and baggage, surgical supplies, instruments, stretchers, ether, chloroform, cotton, bandages, gauze, rubber gloves, medicines, hospital clothing, and we were never separated from these supplies at any time, all arriving in Gleiwitz, October 17.

For diplomatic reasons we had to stay in Berlin for a few days, and for final disposition into the eastern field of war, we had to remain for a few days in Breslau, but we were expeditiously placed by the German Red Cross, one unit at Kosel and the other at Gleiwitz. The Austrian units remained with us on the same train until we reached a point very near these cities, when we separated, each unit eager and anxious to get to work.

## A BRIEF HISTORY OF MATERIA MEDICA

By LINETTE A. PARKER, R.N.

New York, N. Y.

(Continued from page 653)

*Roman Empire.* In the centuries immediately following Hippocrates, schools of medicine flourished, but they theorized about the nature of disease, set up rivalling systems of treatment, and failed to



promulgate the rational methods initiated by Hippocrates. In the Roman Empire, the medical profession for two or three centuries, just before the time of Christ, was in disrepute; only slaves and freedmen would deign to be doctors. Caesar, in the first century B.C., first gave the science encouragement by granting citizenship to those practicing medicine. Pliny boasts that for six hundred years Rome had no physicians. While this probably was not true, still the conditions encouraged no progress in the profession. The fact that cabbage was a universal remedy and that dislocations were treated by magical songs shows the great ignorance among the Roman doctors.

During the Middle Ages no art or profession advanced. During the Reformation the medical men were still so busy arguing about theories and dogma that they, too, marked time. It was not until the seventeenth century, almost 2000 years after the time of Hippocrates, that a marked step forward was taken in medical knowledge except in pharmacy. This was introduced into Europe in the eleventh century by the Arabs.

There are a few important names, however, during this period.

*Celsus.* In the first century, A.D., there lived a Roman patrician named Celsus who wrote a book on the history of medicine. It was found about fifteen hundred years after that time and is about the only source of information in regard to the status of medicine in Celsus' own time and in preceding centuries.

*Galen.* Galen, a Greek, living in Rome in the early Christian era, was a very prolific medical writer. He collected and coordinated in a remarkable manner, all medical knowledge to which he had access, sifting out the good of all the wrangling schools of medicine. To this he added results of his own observation and left invaluable records of his profession. Galen prepared and preserved in his writings many medicinal recipes. The adjective "galenical," derived from his name, is in common use; "galenical" preparations being those made by physical processes, as extracts, tinctures and infusions in distinction from alkaloids, glucosides and chemically-extracted principles. But Galen's writings, like all others, slumbered on in oblivion until the Renaissance of Learning (fifteenth century) and then his doctrines predominated all others for two hundred years. About 1550 a doctor in England was called before the College of Physicians for impugning the authority of Galen. He recanted, acknowledged his heresy, and was pardoned. Galen's idea of the action of drugs was very primitive. He classified all drugs as hot, cold, moist, or dry. He believed in curing by contraries; a moist drug was indicated for a dry condition of the mouth or skin, a hot one for a chill, etc.



*Dioscorides.* Dioscorides of Cilicia about 78 A.D. wrote a materia medica which is still an authority on plants and drugs of ancient times. He traveled extensively in Syria, Africa, Spain, Italy, and attained a really remarkable knowledge of medicinal plants. He described five hundred different plants and was the first to study them morphologically thus separating pharmacognosy from medicine.

*Jews as Physicians.* It is a very strange fact that during the Middle Ages the court physicians were all Jews. The men of that race in all other fields were hated, but their general intelligence and their skill in magic won for them the highest esteem in court life as physicians.

*Salerno.* Just at the close of the Middle Ages in the tenth century there arose a very important school of medicine at Salerno, a Roman colony in southern Italy. This school was the connecting link between ancient and modern medicine. A chronicle of Salerno, (we may believe it or not) relates that the school was founded by a Jewish Rabbi, a Greek, a Saracen, and a native of Salerno, each of whom lectured in his own language. Whether true or not, Salerno was a very cosmopolitan place where royalty and great people flocked for their health. The skill in preparing medicine developed here was very great, although the treatment was largely diet, etc. The school produced a book, *Antidotarium*, a collection of formulae for compounding medicine, which for several centuries was a standard book, but it was merely a compilation from earlier works. The laws governing the practice of doctors and apothecaries worked out here form the basis of all modern laws. A traveler in Salerno today finds not the slightest trace in tablet or ruin of the great people who lived and worked there seven and eight hundred years ago and there is now not even a respectable hotel or inn where a tourist can stay over night.

*Arabs.* The reputation of Salerno was, after about two centuries, overshadowed by the influence of Arabian medicine. During the centuries of decline in Europe the Arab civilization was at its height, and Arabian medicine introduced with other sciences into Europe in the eleventh century predominated all Europe for nearly two hundred years. Arabian medicine was the result of many influences. The Hindus, Greeks, and Jews all contributed to the growth of the science in that advancing civilization. The Arabs developed not only schools of medicine, but schools of pharmacy. They made new medicinal preparations and considerable advance in determining the action of drugs. They formulated the first known pharmacopeia. The general outline of modern pharmacy and many names and forms of drugs as we know them originated with the Arabs. Senna, benzoin, alcohol

borax, and myrrh are all words of Arabic origin. Pharmacy was separated from medicine by them in the eighth century; but it was not legalized as such in Europe until the Arabian medicine was introduced into Europe three centuries later. The one name which still survives as great, from the Arabs, is that of Avicenna a philosopher and physician who lived 980-1037 A.D. His book, *Canon of Medicine*, brought him fame in both Europe and Asia.

*Renaissance.* The predominance of Arabian medicine in Europe was destroyed by the revival of the classics in the fourteenth century, including the works of Hippocrates, Galen, and Celsus. The writings of these men were never before widely known and the study of them brought new information, not only about systems of medicine, but also about the properties of medicinal plants. The discovery of America also brought many new plants, and of more importance still, was the introduction of chemical schools of medicine from the stimulus given by a famous German doctor, Paracelsus, who lived 1490-1541.

*Paracelsus.* Paracelsus was an arrogant, independent man, as true a reformer in medicine as Luther, his contemporary, was in religion and education. He cast aside as worthless all previous medical writers, excepting possibly Hippocrates. He declared his shoe-buckles were more learned than Galen and Avicenna. "The Book of Nature" he said, "is that which the physician should read, and to do so he must walk over its leaves." He practiced his own preaching, went to mines and labored as a miner to learn of metals, not for the gold but for the healing of mankind; he travelled to all countries and talked with boors, shepherds, Jews, gypsies, and tramps, everywhere gathering up knowledge. Browning in his poem, "Paracelsus," gives what is thought a very correct characterization of the man and his noble purposes. After years of searching for knowledge he took a professorship at the University of Basel, and without doubt far surpassed any of his contemporaries in his knowledge of diseases and their treatment. He made the mistake, however, of many reformers, that of swinging too far in the opposite direction. His contemporaries undoubtedly were too much bound to the authority of the ancient writers, but there was much valuable knowledge to be gained from that source and one cannot justify the example set by Paracelsus in his first lecture when, putting sulphur in a chafing dish, he set fire to it, and burned all the books of his predecessors. These doctrines taught by him were too radical for the scholars of Basel. He was compelled to flee from the town and soon after died in a cell from a fracture of the skull inflicted on him by a servant of one of his enemies.

This strange man, most sincere in his purposes, made important

contributions to the fields of medicine. He proved that his method of observation was most efficient and by this method added much information to the medical knowledge of his time. He wrote one hundred and six books. His works in chemistry, especially on minerals, marked a distinct advance in this line, and from his time there existed chemical schools of medicine. Paracelsus rebelled against the horrible smelling and tasting concoctions in vogue and taught the use of tinctures and quintessences. He introduced mercury as a cure for syphilis. He first gave the name "laudanum" to the tincture of opium. Antimony was first used internally by Paracelsus, and became the badge of his followers. Paracelsus believed that the virtue of a drug or mineral was dependent upon its spiritual essence. He and others might have come near the truth if they had used a scientific method of determining that essence. They sought, instead, physical indications in accordance with the absurd Doctrine of Signatures, which taught that resemblance to parts of the body indicated certain remedial virtues of drugs. This doctrine dominated therapeutics for an indefinite period. Some think it originated with Paracelsus, but it has prevailed in China for hundreds of years, being still prevalent there, and it sounds more like the old superstitions of India. According to this, yellow drugs were indicated in jaundice; prickly plants like thistles for a stitch in the side; the scales of pine cones for toothache, because they look like the front teeth; the ginseng root of China to give strength, because it divides into branches resembling the arms and legs of a man.

The status of the apothecary in England at the period in which Paracelsus lived in Germany is shown in a set of rules written by an apothecary who was a cousin of Anne Boleyn. Among other things he says:

The apothecary's garden must be at hand with plenty of herbs, seeds, and roots. He must read Dioscorides. He must have mortars, pots, filters, glasses and boxes clean and sweet. He must have two places in the shop, one most clean for physic and the base place for chirurgic (surgical) stuff. He is neither to increase or diminish the physician's prescription; he is neither to buy or sell rotten drugs. He is only to meddle in his own vocation, and to remember that his office is only to be the physician's cook.

The next century after Paracelsus, the seventeenth, marks the first real progress since the time of Hippocrates. The sciences of chemistry and physics began to develop and their teachings along with the new scientific method of research had a most profound influence on medicine. Mysticism still prevailed, but was gradually being displaced by scientific knowledge. *Materia Medica* was in a hopeless state. There were great numbers of drugs known and used, many

of them absolutely inert. Coupled with this fact was the extreme confidence of the people in drugs, the number, bad taste and foul smell being standards of worth. Consequently prescriptions were advocated containing 20 to 70 different drugs, the so-called "shotgun" prescriptions. The ideas of Paracelsus contrary to this practice had had no effect. But as yet there were known no logical relations between the drugs and disease. Disgusting remedies such as excrements of animals, blood of executed criminals, moss grown on a human skull, earth from a grave, etc., were still in use. Dr. Thomas Willis of this century made a great effort to reform the *Materia Medica*. His attitude is shown when he writes, "So heedlessly are these executioners (doctors) in the habit of sporting with the human body, while they are led to prepare and administer these dangerous medicines not by any deliberation but by mere hazard and blind impulse."

*(To be continued.)*

### THE OBSTETRICAL NURSE

By SARA B. BOWER, R.N.

*Philadelphia, Pa.*

I have often been amused, and at times greatly annoyed, by the point of view so many nurses entertain toward obstetrics. This was first impressed upon me shortly after my graduation, when an experienced nurse with whom I was discussing my plans said to me: "I haven't come down to taking obstetrical cases yet, but, of course, you never can tell." From her tone, I felt that she considered her ability warranted something superior to obstetrics. Since then, I have repeatedly encountered this same intolerance, and only a few days ago, while attending a meeting, it was again brought to my attention. A nurse whom I had not seen for several months asked me about my work and I replied, saying: "Yes! I'm busy, but then, an obstetrical nurse can always be busy."

"Oh! obstetrics," she replied, in a contemptuous tone. "No doubt we'll all come to it; times are so hard."

Why should she feel that she "must come to it?" Why this contempt for obstetrics?—a work which requires as skillful training as anything in the category of nursing, and which at the same time is replete with new problems, new interests and delightful associations. An obstetrical nurse has not one patient, but two, each of whom has different needs. Realizing that the baby is a personality with individual

rights, she must protect and discipline it, and prevent the interference of family and friends. This is often the most difficult problem of her work, but this protection means the future comfort of both mother and child.

The obstetrical nurse, to fill the highest mission of her specialty, must be a teacher. Motherhood is the greatest revelation that comes into a woman's life, but it is also the greatest responsibility, and for that reason the nurse must teach the mother the physical care of her child, so that she will not be helpless when left to her own resources. If the baby is artificially fed, the mother must be taught milk modification, pasteurization, and the principles of sterilization. At all times a feeling of confidence should be cultivated in the mother. Then too, I have often found that a mother's training has led her to look upon an infant as a plaything, brought into the world for the amusement of older people. In such cases it becomes the nurse's duty to arouse in that mother a sense of moral obligation and responsibility toward her child.

Aside from surgical technique, aside from personal service, the obstetrical nurse occasionally finds herself placed through necessity in the position of a protector toward the mother. Upon two occasions it was my painful duty and professional privilege to so protect patients.

A few years ago, I was asked by a Philadelphia physician, for whom I had nursed, to go some two hundred miles into the country to care for a woman who was expecting her second child. Her first child had been delivered by forceps, the head had become infected, and the child had died. The mother also had become infected and recovered only after a long illness. Two years later, becoming pregnant, she appealed to the Philadelphia physician, but unfortunately the distance made it impossible for him to deliver her. However, it was possible this time for her to have the services of a trained nurse. The doctor called me in, saying: "I want this woman to have her baby without danger of infection."

I arrived at the town, and after I had met the physician, I realized at once why the obstetrical history of this small place reeked of infection, for during my stay of eight weeks I heard of no less than fourteen cases of blood poisoning. When labor began, the physician was sent for and, incredible as it may seem, his finger nails were black, absolutely filthy.

"Nurse," he said, "I will examine the patient."

"Very well," I replied, "I have prepared everything in the bathroom for the washing of your hands."

"Oh! that's all right," he answered, "I washed my hands before I left home."



"But, I'm sure, that you want to use the antiseptic soap and nail brush," and not waiting for a reply, I started for the bath-room and he followed reluctantly. He scrubbed his hands, but neither thoroughly nor carefully and I placed a bichloride solution, 1-1000, where he could hardly avoid using it. He dipped his fingers in this, and proceeded to examine the patient. When he had finished, he picked up the towel and wiped his hands. I suggested letting clean water run for him and he turned on me, "If you expect me to go to that bath-room all the time, you are much mistaken. My hands are clean."

"Very well," I said. "If the bath-room is too far away, I will bring the water to you," and I did. I fixed a table in the patient's room and placed on it a bowl, pitcher, nail brush, antiseptic soap, bichloride solution and before and after each examination and before preparing the patient, I poured and emptied water and solution and used mental suggestion with all my force, so that my patient would be safe against infection. I came out victorious, a clean baby, and complete and happy recovery.

Another time, only three years ago, I was asked to go to western Canada, a distance of two thousand miles, to nurse a Philadelphia woman who was then living there. As my patient lived forty-five miles from a doctor, on a three thousand acre wheat farm, it was thought advisable by her Philadelphia physician that we go to the nearest hospital, also forty-five miles away.

The hospital was primitive and conveniences meagre, but the most unfortunate phase of the situation was an epidemic of typhoid fever which swept the country for many miles around. The hospital had accommodations for fifty-five patients, the third floor being devoted to the care of obstetrical patients, both public and private. We had been there only a few days when the capacity of the hospital became overtaxed, and ninety typhoid patients were crowded into a space properly accommodating fifty. The corridors, the office and the operating room were turned into wards, and my greatest responsibility became the protection of my patient against typhoid infection. Sanitation was at its worst, so I straightway bought dishes and all necessary articles and kept them in our room, washing and caring for them. When the baby was ten days old, the superintendent of the hospital came to me and asked me when I intended taking my patient home.

"When she is able to go home," I replied. "In this hospital," she said, "ten days is considered sufficient time for any obstetrical case," to which I replied that "where I came from we did not consider ten days sufficient time for a woman to descend three flights of stairs, take a forty-five mile railroad journey and a three-and-a-half mile carriage ride to her home." However, I promised to abide by the



physician's decision in the matter and immediately telephoned for him. He had visited my patient but twice during the ten days and had rather left things in my hands, as he was absorbed with typhoid fever work, travelling many miles each day to see patients. I waited, but he never came.

At the end of the second week, on the first day my patient sat up out of bed, the superintendent again visited us, informing me that if I did not take my patient home at once, she would bring typhoid cases up on the third floor, and "she would show me." Fearing for the safety of my patient, who would soon use the only toilet on the floor, knowing how few precautions were taken throughout the hospital against the spread of infection and being unable to get the doctor, I felt that it was my responsibility to protect the mother at whatever cost. Firmly I informed the superintendent that if she carried out her threat I would expose the lax conditions permitted in her hospital, to the nursing world. I said to her further that it was her obligation, since she had accepted my patient, not only to protect her against typhoid, but to shelter her until such time as she was strong enough to go home.

At the end of three weeks my patient was carried down stairs and journeyed home. Both she and the baby did very well, and the mother recovered health quickly after our return to the farm.

The reason for the intolerance so often found among nurses towards obstetrics is that they view it only from the standpoint of labor, they fail to see the marvelous work that can be done by exact and scientific method. The great evolution in obstetric care during the last thirty years, has only been made possible through the advent of the trained nurse. She has been the doctors' greatest aid in the wonderful work that has been done in the prevention of puerperal sepsis.

Obstetrics is a laborious specialty, but it yields unusual compensations. Surely it should not be robbed of its ideals, but should be given its proper and by no means inferior place in the category of nursing.

## HOSPITAL SERVICE DURING A NAVAL BATTLE

By ERNEST FRITZ HOYER

*New York, N. Y.*

Upon opening the papers in the morning and reading about a great naval fight or battle, or say battles, where two hundred ships are gradually shot to pieces in a couple of hours, I wonder if any of the readers ever imagine what the surgeons and hospital stewards are doing during the battle.

I will try to the best of my ability to tell of what does happen but neither pen nor words can really describe the awful carnage, the almost super-human task of relieving the wounded on the small deck, usually below water line, during a naval battle.

A sea battle, we can scarcely call it any more, a sea fight, at the present time, with five to ten super-dreadnoughts and battle cruisers, each of them bearing from seven hundred to one thousand men (human material), means under all circumstances a frightful loss of life on a small battle ground. The greatest loss of human life, during the present war, has been on account of torpedoes or mine explosives which come in naval surgery under the heading Indirect Wounds and Injuries or, as the layman would call them, Tear and crush wounds on account of explosives. The next type of injury is caused by shrapnel and steel projectiles and then follow injuries caused by poisonous gases, burning and scalding and finally the injury common to all gunners, the injury of the inner ear, causing deafness and internal bleeding, sometimes death.

The crew on the outer decks, gun turrets, fighting masts and bridge are, of course, the most exposed but above all, barring out the statistics of the Spanish War, the Japanese-Russian, and the present war, the enormous loss of officers on a battleship is the most lamentable. Whole gun crews have been wiped out with one shot, being, of course, immediately replaced. Great parts of the upper deck are nothing but a mass of tangled steel and yet down below the water line, especially fitted for a spacious operating room, are two or three surgeons and a handful of hospital stewards working under a strain, and hastily, as nobody can imagine but those who have been through it. The operating tables are strapped to the floor, bandages, drugs, surgical material, are in abundance and canvas stretchers are hoisted to the fighting decks. Everybody on board knows exactly his place in battle, also the passages to the hospital base. Almost in his sleep would a sailor find his way to the hospital without crossing or obstructing ammunition passages, as it has been rehearsed often enough. Each man carries in his clothes, easily accessible, a little package of field supplies consisting of two small cotton bandages, sterile gauze, cotton for the ears and, for the gunners' mouths, bandages against poisonous gases.

Let us assume that the enemy has been sighted; the ship has been equipped for action and every department of that great swimming fortress is ready to the most minute detail. Suddenly a great gun roars her horrid battle-song and soon, perhaps too soon, sends the foe her steel greeting, and then the blood begins to flow freely. The first wounded are carried below, each gun crew has a stretcher, (a small

canvas in an iron frame or those ideal transport hammocks) and soon a steady stream slowly glides down to the ambulance decks. The junior surgeon receives the injured, a few minutes are necessary to specialize the injury, and he then fills out the injury tag. On it are clear directions as to injury and treatment. The color of these tags is as a rule, red, if serious, blue, if minor wounds. Experience has taught that many a life has been saved owing to these tags, as mistakes are almost impossible after the patient has passed from the surgeon's hands to the only slightly-trained ambulance corps, consisting of chaplain, pay-masters, barbers, musicians, etc. Every wounded man carried below receives, without exception, a single dose of morphine. There is no time for a thorough examination, wounds are painted with tincture of iodine and dressed with sterile gauze. The bandages stay as long as possible to prevent infection. Foreign bodies, shrapnel, splinters, wood, pieces of cloth, are removed, but deep probing is out of the question. Small stitches for minimizing wounds are allowed, all spurting arteries are, of course, attended to, fractures are set with splints, especially those of the femur, as very often life or death depends upon the setting of them. As long as there is electric light, ether is used; later on, by open light, chloroform. All minor operations have to be done under either cocaine, or stovain.

Immediately after the battle all patients who can be moved without further injury are brought upstairs and given as much fresh air and daylight as possible. The ship goes by a fast route to the next hospital base, transferring all the wounded to the hospital ship. The ship then, if still in fighting condition, is cleaned and disinfected, fresh surgical supplies, beside others, are shipped and it is again ready for the next battle.

In closing, I would like to recall the words of an old naval surgeon whose practical demonstrations to his hospital stewards and nurses were worth more than ten sermons: "Boys, if the upper deck has reached the water line, stop attending to your duties, jump! but I am afraid that none of us will be in time to jump." Yes, the captain, the hospital staff and the sailors, as a rule, go down on duty. Their labor is done only after the ship has gone below.

## MAKING OFF-DUTY WORTH WHILE

By KATE BAKER, R.N.

*Brooklyn, N. Y.*

He was a wise physician who said that his best nurse was the one who put her own health first. Heretical as this may sound, how true it is! To my mind, the habit of taking off-duty regularly is most essential, as much for the patient's welfare as the nurse's.

Very many nurses are too prone to idle away their precious moments of leisure; it seems hardly worth while to change into street costume for maybe thirty minutes. But in twenty minutes one can cover a mile and to walk even that distance in brilliant sunshine, soft rain or sharp wind will be found most exhilarating and compensating. At first an errand may have to be invented for a pretext but if the nurse insists on sending herself out daily, it will not be long before she will find herself looking eagerly forward to her time in the open.

In large cities the museums, with their art galleries and treasures, the stores and the human throngs are evident delights: it is in the country where the nurse is apt to feel there is nothing to do to make out-door off-duty worth the effort.

Just here a word of caution. Do not grieve too much if separated from your club or headquarters. If you do not see your housemates you will not relate many petty incidents better left untold to an eager and sympathetic patient.

The thought of walking alone often debars a lonely nurse. Why go unaccompanied when some member or friend of the household may be also longing for a walk, or why scorn the faithful dog who is forever willing for a jaunt?

For country pastime in the summer the pedestrian-nurse will find a small handbook on the habits of birds or the study of wild flowers a great assistance toward delightful pursuits. For the nurse who cannot walk, there are always trolley trips; sometimes fishing is possible or, again, a boat may be hired very reasonably in which one can paddle out for pond-lilies, even if not a skilful oarsman.

Several years ago, the writer was sent with a patient to a private sanitarium. Following her arrival, she was summoned to the superintendent's office where he outlined her privileges and duties. A positive rule was that two hours daily must be spent away from the patient and out of doors. As the sanitarium was over a mile from the town and the month February, the rule seemed arbitrary, but as the days lengthened into weeks, how she blessed the decree that invariably

brought a change of atmosphere into the day's routine. A huge greenhouse was discovered a mile away. It was little trouble to get acquainted with the head florist and the memory still lingers of houses of perfect roses and carnations, cold frames filled with violets, and row upon row of stately lilies getting ready for their Easter parade.

By inquiring you will maybe find a sick baby in a town where no district nurse flourishes. The doctor will gladly introduce you to the poor mother who will be most thankful for your friendly assistance when she sees the baby gain.

Another case led a nurse to a health resort—a place turned over to the pursuit of "curing," therefore one where time was the chief asset of the patients. Aside from the "movies," the town's resources were *nil*, and what to do on each day's off-duty became a problem, yet never was it more essential to continue interesting and amusing than to her patient, shut in from every activity and away from kindred and friends.

The rector of the village church was asked if he had any shut-ins who would welcome a call. A most enthusiastic response followed and in no time a real social service was established. There were messages to be taken, advice given, letters written, gifts purchased, books exchanged; in fact, the work grew to such proportions that a social service worker was suggested for the vicinity by the doctor.

Just an allusion must be made to the daily, midwinter dips in the surf that one nurse enjoyed while specializing a hospital case in Hawaii. It is well to remind nurses that these opportunities for private as well as hospital work exist in many fascinating far-away places. To the nurse tired, for the time being, of private nursing, travel brings many compensations and she will generally find work at the journey's end, if desired. It is wonderful also how a trip to a convention will restore a nurse and replenish her mind for future cases.

The old adage that all work and no play makes Jack a dull boy is always true and the nurse who makes systematic and intelligent use of her off-duty will find abundant reward.



## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A private letter from England thus describes one of the war hospitals there:

In this little village of Newington, three and one-half miles from Folkestone, is a beautiful mansion, standing in large grounds in most glorious scenery. The owners of this lovely place, Beechborough Park, Sir Arthur and Lady Markham, have turned out of it and given up the whole as a hospital for wounded soldiers, more especially for Canadians. It is called The Queen's Canadian Hospital, the doctors and nurses are all Canadians. Such a lovely, sumptuous home of a hospital! There are no large wards but cosy bed rooms with a few men in each, glorious dining and recreation rooms; bath rooms and lavatories have been added. There is a simply perfect dressing room, X-ray room and everything else that money can buy. There are at present fifty-five patients, two resident physicians, ten or twelve graduate nurses assisted by two or three volunteers from the neighborhood. The nurses wear a pretty brown uniform, with soft white muslin collars. One patient said it was like Paradise there and another said it was worth while being shot to be taken to such a place.

The American Episcopal Church in Munich, besides aiding in the support of the splendid hospital of the American colony, feeds one hundred destitute children three times a day.

The Prince of Wales has conferred the insignia of the order of St. John of Jerusalem on two French nurses, Sister Benoit and Mlle. Juliette Caron, for their care of British wounded at a village in the district of Senlis, France.

There are 40,000 Belgians living in London. They publish a daily paper, the *Indépendance Belge*, and sell 30,000 copies. The Criterion has become a Belgian theatre, with a Belgian company, acting Belgian plays. The exiled Belgian engineers have established a Civil Institute. The Belgian doctors gather at King Albert's Hospital in Store Street and the Belgian lawyers in Hanover Square. Regent Street and the Strand have become the focus of Brussels in London.

Malta will be used as a hospital base for the troops of the allies wounded in the operations in the Dardanelles. A number of government elementary schools and large private dwellings have been requisitioned in Valetta, the chief town.

It is stated that in England women are employed as clerks in the censor's office and in other government work hitherto performed by men. It is said a million women are ready to take men's places.

It is reported from Berlin that scores of German physicians have volunteered to serve in concentration camps where there has been a virulent outbreak of "spotted fever" among the Russian military prisoners. Seven German doctors died of the disease and a call for assistance brought many volunteers.

In proportion to her population Newfoundland has sent more soldiers to the front than any other British dominion.

The British Surgeon-General, Sir Alfred Keogh, was so impressed by the work of the women doctors in their hospitals in Paris and Boulogne that he invited Dr. Flora Murray and Dr. Garrett Anderson to go to England and take charge of a hospital of five hundred beds. The invitation was accepted. The new hospital will be staffed entirely by women, female orderlies working under the sisters.

An English paper says all the wounded have borne testimony to the extraordinary devotion and gallantry of the regimental stretcher bearers and the bearer parties, they have worked under the trail of shrapnel and machine gun fire until they dropped from sheer exhaustion.

The Baroness Von Ettner of Vienna gave up her residence, Castle Gratz, on the Austrian-Polish frontier, for use as a hospital. She herself as a Red Cross nurse cares for the wounded.

Applications at the rate of one hundred a day are being received in Paris from women motorists, aviators and balloonists desirous of joining the newly-formed ambulance brigade of the French women's automobile club. The object is to have as many military ambulances as possible driven by women chauffeurs, in order to release the men at present driving them for service on the firing line. Many women motor cyclists are also applying for permission to serve as dispatch bearers.

The Bishop of London went to the front to conduct Easter services for the men of the British Army in the field. This he accomplished virtually under shell fire.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### EUROPEAN SERVICE

On April 17, 1915, two complete units of surgeons and nurses sailed from New York to be assigned to duty at La Panné, Belgium. The hospital is in charge of Doctor De Page and is under the Belgian Red Cross. Miss Dorothy Ferree is the supervisor of these units; Florence E. Fisher of Ann Arbor, assistant supervisor. As may be seen from the accompanying account of their work, most of them have had a varied experience.

Four enrolled nurses, all speaking German, sailed for Rotterdam on May 1 to proceed to Germany where they will join our units who have been stationed since last September at Gleiwitz and Cosel.

Five nurses who sailed on May 1 to go to Serbia, will be assigned to Belgrade, where all the American Red Cross nurses and surgeons who remain in Serbia, are now stationed. The entire number on duty there when they arrive will be twenty-eight.

Anna G. Griffin of Boston, goes to the American Women's War Hospital, at Paignton, England, as an anesthetist. She was, until she left for Europe, an anesthetist at the Massachusetts General Hospital.

*Nurses assigned to Belgium:* Dorothy M. Ferree, supervisor, is a graduate of the Methodist Episcopal Hospital, Philadelphia, class of 1900. She was for two years superintendent of Bridgeton Hospital, Bridgeton, N. J., also superintendent of Pottstown Hospital, Pottstown, Pa.; West Jersey Homeopathic Hospital, Camden, N. J., and spent eight months at the Henry Street Settlement, New York, in Social Service work. She understands German and some Italian and gave up a position in Phipps Institute, Philadelphia, to go to Europe.

Hannah P. Guthrie is a graduate of the Philadelphia General Hospital, class 1907. She was head nurse for three years at this hospital after graduation. She resigned a position as superintendent of the Homeopathic Medical and Surgical Hospital, Reading, Pa., to go to Belgium.

Lillian E. Wilsey is a graduate of Methodist Episcopal Hospital, Philadelphia, class 1903; she has been assistant superintendent of the Frankford Hospital and has also been engaged in private nursing.

Helen Barclay is a graduate of the Philadelphia General Hospital, class 1912. She was head nurse at the Philadelphia Hospital, maternity ward four months; welfare nurse for a corporation in Philadelphia and gave up a position in the Philadelphia General Hospital as supervisor of a ward, to go to Europe.

Lydia D. Shrope is a graduate of the Philadelphia General Hospital, class 1913. She has been head nurse in the medical ward of this Hospital for one year and gave up a position as supervising nurse of a ward to go to Europe.

Margaret H. Haggerty is a graduate of the Philadelphia General Hospital, class 1910. She has spent some of her time since graduation doing private nursing, was two months at the Monongahela Hospital and eighteen months at Philadelphia General Hospital as head nurse of a ward.

M. Elizabeth Long is a graduate of the Jewish Hospital, Philadelphia, class 1911. She has done private nursing for three years and is giving up a position on the staff of the Visiting Nurse Society of Philadelphia to go abroad.

Augusta Morse is a graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., class 1910. Since graduation she has done post-graduate duty at Presbyterian Hospital, N. Y., and was operating-room supervisor at the Hospital of Good Shepherd for two years.

Agnes M. Ward is a graduate of St. Vincent's Hospital, New York, class 1912, and since graduation has been engaged in private nursing.

Eva Emmons is a graduate of Bellevue Hospital Training School, class 1910. Since graduation has held a position as night superintendent of Bellevue Training School for one year, night superintendent Junior Sea Breeze Hospital, two months, and has also done private nursing.

Laura Wood Coons, of New York, is a graduate of Presbyterian Hospital, N. Y., class 1914. Since graduation she has done private nursing.

Ruth Sherman Bentley is a graduate of Long Island College Hospital Training School, Brooklyn and has been employed as a Social Service Nurse, Children's Department, for two months and is giving up a position as night supervisor of the Long Island Hospital to go to Europe. She speaks German.

Florence E. Fisher is a graduate of Butterworth Hospital, Grand Rapids, Mich., class 1908. Since graduation she has held positions as

surgical nurse and assistant superintendent of nurses, Union Hospital, Terre Haute, Ind., head nurse, University of Michigan Hospital and she has also done some private nursing. She has obtained leave of absence from the City Hospital's Health Department, Grand Rapids, where she is employed as superintendent.

Sarah L. Halsey, of Detroit, Mich., is a graduate of Butterworth Hospital, class 1904, and since graduation has done institutional work, private nursing and visiting nurse work.

Johanne Ericson, graduated in 1908 from Farrand Training School, Detroit, and since then has been engaged in private nursing.

Mary B. Gorman graduated in 1911 from St. Mary's Hospital Training School, Wheeling, W. Va., and since then has done private nursing in Clarksburg and Wheeling.

Nellie Manning graduated in 1908 from the same hospital as Miss Gorman and has done private nursing.

Luella Ross graduated in 1907 from the City Hospital, Wheeling, W. Va., and since graduation has been chief surgical nurse and night supervisor in that hospital as well as doing some private nursing.

Anna C. Robinson graduated in 1909 from the Jewish Hospital, St. Louis, and has since graduation been night supervisor at that hospital.

Viola M. Visel, of Highwood, Conn., graduated in 1912 from the General Hospital, Elizabeth, N. J., and since then has done private nursing.

Eva Isabel Johnson graduated in 1913 from the Connecticut Training School, New Haven, Conn., and since then has been supervisor of medical and surgical wards in that hospital.

Alotta May Lentell graduated in 1914 from the Newton Hospital, Newton Lower Falls, Mass., and since graduation has been an assistant at this hospital.

Eliza Orvis is a graduate of Taunton State Hospital, Taunton, Mass., class 1912, and since graduation has held a position as supervisor at the Taunton Hospital for one year, and also assistant superintendent of this hospital. She understands some German.

M. Elsie Druggan is a graduate of Grant Hospital, Columbus, Ohio, class 1911. Since graduation she has held a position as superintendent of Good Samaritan Hospital, Galion, Ohio, for one year, and has also done private nursing.

*Nurses assigned to Germany:* Anne Bauer is a graduate of the Presbyterian Hospital, New York, class 1914. She was head nurse at this hospital since graduation and gives up this position for service in Europe.



Katherine Kumke, of New York, is a graduate of the Passaic General Hospital, N. J., class 1908. She held the position as assistant superintendent of the Passaic Hospital for two years, was with the Department of Health two years, and has also been engaged in private nursing.

Natalia H. Schoettle graduated in 1909 from the Jewish Hospital, Philadelphia, and since graduation has been in charge of the Lucien Moss Incurable Home, Jewish Hospital, four months; assistant superintendent Jewish Hospital, nearly two years, and four years superintendent of Chamberlain Sanitarium, Natchez, Miss., which position she held until her departure for Europe.

Olga Schoettle, of Philadelphia, graduated in 1905 from the Jewish Hospital, Philadelphia. She has been employed in various hospitals in Philadelphia, and in Natchez, Miss., and gives up a position at Girard College, Philadelphia, to go to Europe.

*Nurses assigned to Austria:* Sarai Woodward is a graduate of the New York Hospital Training School, class 1913. She was head nurse of the children's ward at the New York Hospital two months, head nurse, United Fruit Company Hospital, Quiriqua, Guatemala, C. A., nine months, and has also been engaged in private nursing.

Mrs. Mabel Knudson graduated in 1913 from the New York Hospital Training School, and since graduation has held a position as night supervisor of the operating-room of this hospital. She has also been engaged in private nursing.

Norma L. White is a graduate of Grace Hospital Training School, New Haven, Conn., class 1912. Since graduating she has held a position as surgical supervisor of this hospital which position she gives up for service in Europe.

Louise Emma Warnecke is a graduate of Grace Hospital Training School, New Haven, Conn., class 1913. Since graduation she has been employed as a visiting nurse, New Haven, for one year and has also done private nursing.

Ethel Louise Jones graduated in 1912 from the Johns Hopkins Hospital, and since graduation has been in charge of the operating-room at the Hospital for the Women of Maryland, which position she gives up to go to Europe.

Florence A. Hunt is a graduate of the Johns Hopkins Hospital, class 1899. Since graduation she has been employed as a visiting nurse, public school nurse, superintendent Battle Hill Sanatorium, Atlanta, Ga., for two years, and has also done private nursing.

Margaret B. Cowling, of Baltimore, is a graduate of the University of Maryland Hospital, class 1905. She was in charge of the operating-

room at this hospital for five months, supervisor at Mt. Sinai Hospital, New York, thirteen months, superintendent King's Daughters' Hospital, Columbia, Tenn., five months, and three years superintendent of Homeopathic Hospital and Maternity, Yonkers, N. Y., which position she held until her departure for Europe.

Martha Emerson is a graduate of Butler Hospital, Providence, R. I., class of 1913. She was head nurse of a ward at Butler Hospital for six months, and has been specializing in this hospital since graduating, which work she gives up for service in Europe.

*Nurses assigned to England:* Anna G. Griffin, of Boston, is a graduate of the Massachusetts General Hospital, class of 1910. Since graduating she has been head nurse for one year at this hospital after which she was employed as anesthetist at said hospital. She gives up this position for an appointment in Europe.

*Nurses assigned to Serbia:* Lillian Navarro, of Boston, is a graduate of the New England Hospital for Women and Children, class 1906. Since graduation she has been engaged in private nursing.

Josephine Valentine, of Columbus, Ohio, graduated in 1913 from the University of Pennsylvania Training School for Nurses, and since graduation was engaged in private nursing for six months, and gives up a position as floor supervisor in the Toledo Hospital for service abroad.

Isabel A. Robb, of Akron, Ohio, graduated in 1912 from Mercy Hospital, Chicago, and since graduation has been engaged in private nursing in several states, she was also employed by the Akron Visiting Nurses' Association.

Mrs. Hattie Biddle is a graduate of the Colorado Training School, Denver, class 1912. Since graduation she has been engaged in private nursing.

Sophie M. Weber is a graduate of the Colorado Training School, Denver, class 1912, and since graduation has been employed in Steele Hospital, Denver, doing surgical and operating room work.

## NURSING IN MISSION STATIONS

### A METHODIST HOSPITAL IN MANILA

The eighth annual report of the Mary J. Johnston Hospital has been received from Lena Lee Salmon, and contains the following: The year began with the hard, busy, confusing, but enthusiastic days of completing and furnishing the new Assembly Pavilion, and rearranging the entire hospital. How rich we felt with such a splendid addition. We thought it an immense house and it was, and is; but many and many a time every inch of space has been full, and we have wished for more room, so satisfactorily have the poor women come to us for help in this their hour of greatest need.

Larger accommodations have given added opportunity for service, yet at times all departments have been taxed to their limits, and sometimes those refused admittance have offered to bring their beds!

Many evidences of increasing trust and sympathy have come; the people are more and more friendly, and the municipal authorities have continued their sanitary work. All about, the streets and plazas are so well kept, they add much to the beauty of our surroundings. A recent visitor said, "Why, the hospital is in the best district of Manila, is it not?" But we pointed out the dirty tumble-down shacks, not a stone's-throw away. The past year has marked the moving out bodily of a clump of ramshackle nipa huts, each shack being hoisted up on the shoulders of about twenty men, who trotted down the street or to the beach, without shaking to pieces the frail structure.

The general medical ward has of necessity been given up to waiting and convalescent mothers. Twelve beds are but a "drop in the bucket" when the dreadful need of medical treatment is considered. Poor sick women come from far and near, and many times must be content with only dispensary treatment, when a week or two of hospital care would do wonders for them. After one has refused to receive, and explains the reason for eight years, it would seem to have become an old story but it has not!

The opening of the new Assembly Pavilion greatly enlarged the facilities for obstetrical work, and we are delighted to have the young married people evidently think that it is a sign of progress to patronize the hospital. This has added not only to our income but to their self-respect. However, the mothers come from every walk of life; the beggar, the casco dweller, the teacher, the happy sheltered wife.

All learn the necessity for cleanliness, and the care of the baby, doing the work with their own hands, under the supervision of a nurse. The hospital cared for four hundred and seventy-eight obstetric cases, and four hundred and forty-three babies; these patients represent China, Japan, France, Switzerland, Australia, the United States, and the Philippines.

With the enlarged hospital, there is also the need for more nurses, in the training school. From the beginning of three in 1907, we now have thirty-one. This year we admitted a class of fourteen, all very fine girls. One is a graduate deaconess who has spent three years in the work in the provinces, and wishes to become a nurse, to increase her sphere of usefulness. The pupil nurses help in the kindergarten, and give willing service. Some know how to weave, others to sew, two can play the piano, and all sing and play games. This will be of help to them after they graduate, for they will meet many children who know so little of the games and songs all children ought to know.

Just as we finish our report, we receive newspaper information of the death of Mr. D. S. B. Johnston, of St. Paul, Minnesota, who built this hospital in memory of his wife. We feel that we have lost not only a benefactor, but a friend.

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#### TOO LATE FOR CLASSIFICATION

The National Organization for Public Health Nursing announces that its programme, as printed in the May JOURNAL, gave the Thursday morning programme for Wednesday afternoon. On Wednesday afternoon the Public Health Nurses, with all the others present at the convention, will attend the open-air educational meeting at the Greek Theatre, Berkeley. On Wednesday morning, June 23, at the session on School Nursing, there will be the following speakers: Dr. Clinton P. McCord, Albany, N. Y.; Dr. Adelaide Brown, California; Edna G. Bridgeford, Albany, N. Y.; Coralie H. Johnston, Richmond, Va.; Helen W. Kelly, Chicago; Mrs. Edith M. Hickey, Seattle; Lina Rogers Struthers, Toronto.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

RHODE ISLAND. (Continuing the comments on the annual report of the superintendent of the Providence District Nursing Association.) "As the method of paying for other nursing service became more established in the city, it seemed a wrong principle that emphasis should be laid on the money value of actual bedside care only, and that for the equally valuable services of the nurses doing advisory work no charge should be made." An advantage of having these different services on the general staff is the ability of the superintendent to shift the nurses from group to group as it seems best, in order that each nurse may have a well grounded experience and also that no nurse may become stale doing year in and year out the routine work of one service. It is useless to say that public health nurses don't become stale, for frequently one meets school or tuberculosis nurses who have fallen so deeply into the rut of their own work that they cannot look out of their trench to see what others are accomplishing, while visiting nurses who have been so long in harness that they refuse to cooperate with anyone but themselves, are unfortunately not rare. If nurses could only realize that they best serve themselves, as well as their communities, by an occasional shift of their work and their interest, we would not have quite so many tired or worn out nurses among women who have served in this field ten, eight or even three or four years. For five years the Association sent nurses to visit the homes of women licensed to board babies and children. This was done at the request of the Board of Health but the city has now taken over this work and has put Miss Boyce, one of the visiting nurses, in charge of it. For some time the visiting nurses have followed up all mothers and babies discharged from the lying-in wards of the various hospitals. Now they are making pre-natal visits to the homes of all women who register with these wards for confinement care. The Association is supported by public subscriptions and also by an annual donation day.

WASHINGTON, D. C. Probably all visiting nurses know of the publications of the Children's Bureau of the United States Department of Labor, especially the one on *Pre-natal Care*. Mrs. Max West,



its author, has finished another entitled *Infant Care* which gives in a slightly larger publication, information for which nurses have vainly looked for years. Almost all of the text books written on this subject give much information not particularly relevant, consequently a good deal of reading had to be done before the material desired could be weeded out. This pamphlet by the Children's Bureau will fill a long-felt need and should be in the hands of every nurse and every English-reading mother in the country. Nurses interested in the infant mortality of their cities and anxious to make a report on the same, will get a great many helpful ideas from another recent publication of the Bureau entitled *Infant Mortality*, the results of a field study in Johnstown, Pennsylvania, based on the births of one calendar year. The connection between the baby death rate and the father's income, the baby death rate and housing conditions, has never before been so definitely shown. Nurses desiring any of the publications of this Bureau have only to write Washington and request all or specific copies to be mailed them.

ОННО. The careless way in which many doctors and nurses use their thermometers is certainly a reflection on their early training, and it is to be regretted that the modern system of having individual thermometers in our large hospitals can't be copied in dispensary and district work. Almost every group of nurses has a different system of sterilizing its thermometers, but probably few have tried the interesting experiment worked out by the student nurses in training in the Public Health Nursing Course of the Cleveland Visiting Nurse Association. Cecelia Evans (Mary Thompson Hospital, Chicago, and Teachers College) is the instructor of this group. Thermometers cleansed by eight different methods were sent to the City laboratory of the Health Division and method three, has been accepted as the best for daily routine, and has been approved by Dr. Miller of the laboratory. We are indebted to Miss Evans for the following report.

1. Lysol solution one-half teaspoonful to water oz. iv, result: 4 colonies staph. aureus.

2. Carbolic 95 per cent, alcohol 95 per cent; result: sterile.

3. Wipe thermometer with cotton saturated with alcohol, 95 per cent, then wash under running water and leave in bottle during remainder of visit. (Place bottle on dish, for if tipped on varnished furniture, will ruin it.) Result: sterile. (Routine method used by Visiting Nurse Association.)

4. Tincture of green soap, result: 7 colonies of organisms of the intestinal group.

5. Plain Ivory soap, result: sterile.

6. Alcohol 70 per cent—40 minutes, result: sterile.
7. No cleansing at all, result: 324 colonies of mixed organisms.
8. 1-500 Bichloride, result: sterile.

Although the second and eighth methods left the thermometers sterile, carbolic and bichloride are bad drugs to use constantly in district homes. The only possible objection to the third method might be that the alcohol bottle for the thermometers should not be the same alcohol used for solutions of any sort. This would necessitate a dressing alcohol bottle and a thermometer alcohol bottle in the bag equipment.

These cultures were taken from thermometers brought in from the Districts. In each case the thermometer was left in the respective solution during the visit in the home, which varied from twenty to forty minutes. In the case of the Ivory soap cleansing, the thermometer was wiped off with cotton, soaked in the soap solution, and then rinsed.

**ORGANIZATIONS.** Public health nurses are realizing that their membership in the National Organization for Public Health Nursing only makes them desire more local association with their fellow nurses, consequently in five states these nurses have organized and in eight states the nurses are considering organization. In Ohio and Washington, the public health nurses have organized as branches of the state associations and in Massachusetts, Connecticut and Rhode Island, the nurses have organized separate societies. In North Dakota, Indiana, Michigan, Virginia, New Hampshire, New Jersey, Pennsylvania and the District of Columbia, the nurses are considering the question of special organization. In Illinois the nurses have for some time discussed the advisability of having a special department for public health nurses in the State Association and a committee on public health nursing has recently been appointed from the First District Association, whose headquarters are in Chicago. The Chicago public health nurses did organize three years ago into a District Nurses' Club, but this club was dissolved after the First District Nurses Association was formed, as it seemed better to work for a committee or department in this association than to have quite so many nursing bodies. The Social Service Club in Chicago keeps the public health nurses so closely in touch with each other and other social workers, that the District Nurses' Club was not felt to be entirely needed.

**THE CHICAGO MUNICIPAL TUBERCULOSIS SANATORIUM** was dedicated February 16, and opened for patients March 20. People fortunate enough to be invited to the dedication exercises were charmed with the general aspect of the grounds and the buildings. There is a notice-

able lack of onyx and gilt and marble walls usually associated with any municipal enterprise of this sort, and the substantially built cottages, administration building and nurses' home are in as good taste as one would seek to find in any high grade private enterprise. The plant now consists of 32 buildings, very well grouped in a plat of 160 acres, on the northwest side of the city. Nothing has been overlooked that hastens the recovery of the patients. There are the usual departments found in good institutions of this sort but in addition, there is provision for pregnant tuberculous women and a nursery for infants of tuberculous mothers, six open-air cottages for 240 children with a well equipped open-air school room in each cottage, and an infirmary pavilion that will care for all kinds of surgical tuberculosis as well as for bed-ridden cases of pulmonary tuberculosis. Chicago now has the finest municipal sanatorium in the world. The present number of beds is over 600, but within a year there will be 950.

MICHIGAN. The Grand Rapids District Nursing Association, Minnie E. Hollis, Superintendent (Hartford Hospital), published a brief but attractive looking statement of its work for its last fiscal year. In order not to put too much money into a large report, a two-page 11 x 8½ folder was utilized. This was printed on smooth ecru paper with four good illustrations showing the work of the nurses in the homes. The budget of the year was given, the amount of work done by the nurses and eight brief case stories. The whole sheet takes but a few minutes to read but no one going over it can fail to be interested in the efficient work of this organization.

A small pamphlet of interest to all Public Health Nurses has recently been published by the American School of Home Economics. It is entitled Five Cent Meals and was written by Florence Nesbit, Field Supervisor and Dietitian of the Department of Relief of the Juvenile Court of Chicago, special lecturer on the subject of working-men's budgets to the Visiting Nurse Association. This pamphlet is a part of Miss Nesbit's book *Low Cost Cooking*, which is in process of preparation and the meals given in it do not cost more than five cents per individual. Three meals a day for fourteen days are given. The book is being used now by some of the visiting nurses and some of the Juvenile Court officers. In spite of the fact that they are very severe critics, the pamphlet is holding its own.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

### LABORATORY TECHNIQUE FOR NURSES

By ANNA I. GIBSON, R.N.

Many nurses unfortunately think that nursing consists in taking temperatures, counting pulses, giving baths and enemata, bringing trays and making beds.

A domestic servant could, without much trouble, be taught to do this mechanical side of nursing, and not many years ago this was all a doctor required of a nurse.

This is an age of specialization and doctors are working with a precision more careful than ever before, and they are asking for nurses who have a scientific knowledge of the care and treatment of patients.

The Huntington Hospital is a Research Hospital, and special study is made of leukemia, lymphoma, lympho-sarcoma and Hodgkin's disease. Cancer patients are received in all stages of the disease. The hospital has no training school and graduate nurses are employed. One does not realize what an enormous over production of uneducated and ill-trained nurses there are until she is dependent upon them for the nursing of the sick under her charge. The nursing of these cases is very depressing, and to those not familiar with cancer it is difficult to give an adequate idea of the distressing disabilities and physical and mental suffering. Dr. Thomas Ordway, the physician in charge, conceived the idea of giving graduate nurses the opportunity of learning laboratory technique and thus attracting the better educated nurses. As Dr. Ordway says, this work will lead a nurse to more careful observation of the patient, and also fit her for a position in a physician's office or in special instances for practical teaching in a training school. The course covers a period of six months with oral and written examinations at stated intervals. The instruction at the present time has the more personal idea of training the individual.

This opportunity of learning laboratory technique is offered to any nurse employed here as a ward nurse provided she is prepared to give adequate time and study to such work.

A nurse must become familiar with and accurately perform each single test before she is taught more complicated methods. At the present time one volunteer nurse is giving her services to the hospital in return for laboratory training.

Course of Instruction. First month: laboratory utensils, microscope, urinalysis. Second month: urinalysis, sputum, feces. Third month: vomitus, gastric contents, body fluids. Fourth month: bacteriology, blood. Fifth month: culture media, stains, re-agents. Sixth month: general review.

Stitt's *Bacteriology*, *Blood Work*, and *Animal Parasitology*, Hawk's *Physiological Chemistry*, Mallory and Wright's *Pathological Technique*, and Ogden's *Clinical Analysis of Urine* are used as text books, and an excellent reference library is open to nurses for more extended reading.

Clinical laboratory work is somewhat of a drudgery to the busy doctor, and the nurse who is capable of doing this work is a valuable assistant.

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#### TOO LATE FOR CLASSIFICATION

##### A PROTEST

*Dear Editor:* As a graduate of the Waltham Training School for Nurses I should like to correct the erroneous impression that may have been gathered by some of your readers from one sentence in the editorial, "Progress of State Registration" in the May JOURNAL. This sentence is: "The graduates of the Waltham School were not formerly admitted to membership in the State Association and this ruling has only recently been changed, from the fact that the school has increased the period of training for its nurses to two years in the hospital instead of seventeen months, out of a four years' course." It is a year and a half, or more, since Waltham gave two full years (twenty-four months), of hospital work to its student nurses, and for some years before that it gave approximately that to each nurse, though it did not care to promise it to all. Some get much more. Never, unless in the earliest years of the school, has the amount of hospital work been nearly as small as seventeen months.

ANNETTE FISKE.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

MANUFACTURE OF SYNTHETIC DRUGS IN ENGLAND.—*The Medical Record* writes that various synthetic drugs hitherto imported from Germany have been successfully manufactured in England. This will mean more independence of Germany in the matter of these supplies after the war.

NON-LIGATION OF THE UMBILICAL CORD.—A German observer concludes on the basis of a five years' experience, comprising 16,000 deliveries, that non-ligation of the umbilical cord is the method to be chosen in normal labor and with infants born at full time. Ligation he thinks should be reserved for asphyxia in the infant and hemorrhage in the mother.

THE SUPERSTITION OF FLAT-FOOT.—A writer in the *Journal of the American Medical Association* says that real flat-feet, when the foot touches the ground where the arch should be, are not necessarily painful and are often very serviceable feet. His views are the result of extended observation for several years of the condition of the feet of many nurses in a large general hospital. In the 800 cases studied he did not find one in which there was any change in the arch of the foot. The pain and disability is attributed to muscular strain. The ligaments also become irritated because the muscles can not reinforce them as they normally do. Weakening of general muscular power from illness, prolonged fatigue, etc., may induce the condition. A shoe with an arch fitting under the arch of the foot to support it, is recommended. High heels are not condemned because the foot is thus pressed forward on itself and the weakened arch is reinforced when this condition exists. In some cases of painful feet relief is obtained by raising the heel. In acute cases, exercises and the use of a flexible shoe may do more harm than good.

TO STERILIZE INSTRUMENTS AND KEEP THEM READY FOR USE.—*The Journal of the American Medical Association* mentions a German method of sterilizing instruments which is easy and said to be efficient. The blade is wiped for one minute with cotton dipped in tincture of soap and the procedure repeated with fresh cotton. Each blade is then wrapped separately in fresh cotton, dipped in tincture of soap. The instrument is laid away ready for use at once, or after an interval

of several weeks. This method has stood the severest tests and proved satisfactory after fifteen years experience with it.

**DRUG ERUPTIONS.**—A writer in the *Medical Record* says that these eruptions have two constant characteristics. They appear suddenly and always in connection with the taking of drugs. Suddenly means that on a hitherto perfectly normal skin there will be a sharp and decided inexplicable outbreak. The bromides, iodides, cubebs, copaiba, the coal tar preparations, quinine, belladonna, morphine, salicylate of sodium, arsenic, etc., are mentioned but any drug may be guilty if given to certain persons. The treatment is to stop the irritant and apply a soothing lotion.

**NITROUS OXIDE GAS WITH OXYGEN IN LABOR.**—In the proceedings of the Chicago Medical Society, reported in the *Journal of the American Medical Association*, nitrous oxide gas is recommended as the ideal anesthetic in obstetric cases. With it analgesia has been maintained from the latter part of the first stage, or the time when the pains first become severe. All the women treated asserted that the pain was negligible, practically nothing. When forceps were used anesthesia was carried to the surgical degree and in normal labors when the head distended the perineum. With a good apparatus the cost is not over one cent a minute. The process is practically free from danger, even when continued for analgesia extending over many hours. One speaker believed that the nitrous oxide and oxygen method is safe even in the hands of those who have had little training.

**THE X-RAY AND ECZEMA.**—A writer in the *Medical Record* recommends the use of the X-Ray in the various forms of eczema, as they all have certain manifestations in common. It is always a circumscribed or diffuse hyperemia with dilatation of blood vessels, congestion and oedema with cell infiltration and proliferation. This requires local treatment that will inhibit the congestion and dilatation of blood vessels, retard the rapid cell changes and soothe by long exposure to a soft X-ray tube, or stimulate by short exposure to a hard one.

**STIMULATING DOSES OF ROENTGEN RAYS.**—A German medical writer reports the healing of an extensive burned surface under exposure to direct sunlight after long inaction. Stimulating doses of Roentgen rays were applied to old fractures that refused to consolidate. The results confirmed the value of the chemical rays in starting the regeneration of bone tissue, and promptly healing the fracture. The dosage must be merely stimulating.

**INFLUENCE OF POSTURE ON DIGESTION IN INFANCY.**—The *American Journal of Diseases of Children* says that air is swallowed with the food by most infants. If the child is held erect against the shoulder of the

mother after feeding, and gently patted on the back, the air escapes. If necessary, gentle pressure may be made on the epigastrium. The horizontal posture, by preventing eructation, is a frequent cause of vomiting. The child may be held erect before feeding, to allow any gas present to escape from the stomach. A feeding should not be taken too slowly. From five to ten minutes is enough as a rule and fifteen minutes is the maximum at bottle or breast.

**PARTLY TRAINED NURSES.**—The London letter of the *Journal of the American Medical Association*, states that the difficulty of supplying nurses for the large new army, has caused the authorities to extend the qualifications for service, in order to render available every woman with nursing experience. The regulation that candidates for the army service must have a certificate of training from a hospital of one hundred beds is to be suspended and fifty beds will be substituted. The age limit has been extended from thirty-five to forty-five years; matrons, superintendents and sisters to fifty years. There will be full opportunity for retired or married nurses, and nurses who have not completed their training.

**A WAR NURSES' RELIEF FUND.**—Already many English nurses have suffered severely both mentally and bodily from their arduous duties. A committee has been formed for the purpose of providing funds to help them. Nurses on the staff of the army, or navy are provided for by the government, but so far no relief has been arranged for the civil nurses, of whom between 1500 and 1600 have come to the aid of the country. Some of the conditions which they endure have been thus described by Miss Swift, matron-in-chief of the British Red Cross. They are often nursing in the midst of a bombardment for hours on end in the noise and the danger, their hospitals constantly the aim of the enemy's shells. They put up without murmuring with the most insanitary and uncomfortable conditions. At St. Omar, for instance they have no proper beds, no sanitary accommodation, no baths, and they have to face the same conditions, at Dunkirk and other places. So far none have been killed by shells, but one had a surface wound from a shell which might easily have been fatal. Shells were dropped continually on or near the hospitals in Antwerp, and the nurses who went through the strain of that bombardment are completely nerve shattered. A good many nurses have been down with typhoid and typhus, particularly those who are nursing in Serbia. The nurses who are running these risks are the pick of their profession, many of them women who command high fees and who have thrown up their civil work in quiet practice, where their own comforts were as sure as those of their patients, and have given their services for very little, because they knew they were needed.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### CHRISTIAN NURSE NEEDED IN CHINA

The Foreign Christian Missionary Society of Cincinnati, Ohio, is greatly in need of a strong, well qualified Christian nurse to go to the Luchowfu Missionary Hospital in Central China. This is the only American hospital for a million and a half people. More than thirty thousands are cared for in this institution during each year. An American trained nurse is needed to take charge of the native nurses in the hospital and to help train them for service. An American physician is in charge of the hospital and soon it is expected that a second doctor will be added. It is a city of 70,000 people and there are nine missionaries there. The nurse who goes to take up this work should recognize the primacy of Christian service in the undertaking. This hospital is under the direction of the religious body called the Disciples of Christ. Much religious work is carried on in the institution and there is a rare opportunity for real service, both physical and spiritual.

STEPHEN J. COREY.

Box 884  
Cincinnati, Ohio.

### LETTERS FROM NAVY NURSES

#### VI

Since the former notes were sent to the JOURNAL from this far off field, the work has assumed greater proportions. The medical officers and nurses have felt an increasing need for more help and the commandant has approved a request for additional nurses. There is now a period of anxious waiting while the Powers in Washington weigh the pros and cons of the question.

In giving an outline of our work I must preface it with a brief statement of the general conditions. The Samoan Hospital consists of three large and an equal number of small native houses. These are built, *perched* is a better word, on the side of a steep mountain, no two being on the same level. The large houses shelter the patients from three provinces; men, women and children in the same building. The small houses are intended for the chiefs of each province. The baths and closets are in separate buildings many feet below the hospital. As there is no provision in these buildings for the disposition of excreta, of the bed patients, the bed pans have to be carried to the sea to be emptied and washed. This involves a long hard climb and the attendant performing the duty has to be closely watched else the pans are emptied on the ground.

The water supply is a mountain stream piped into tanks. The amount of water is ample during the abundant rain-falls, but a few days of continuous sunshine dries the stream to a mere rivulet; the tanks are soon emptied and there is no water! This has been the condition for nearly two weeks. All the water used has been carried a long distance and all hot water must be brought from the

Dispensary building which is some distance away. The result is obvious; baths are ruled out and the strictest economy prevails.

A difficult problem is the dietary. The patients are obliged to supply their own food. This makes it practically impossible to control the diet and to give them the proper nourishment for the various ailments. This arrangement also makes it necessary that each patient have a friend to provide the food. A demoralizing effect results and prevents the enforcement of hospital rules and regulations. Given a building with mixed patients, the majority of whom have a friend in attendance and you have a situation which is confusing to say the least.



NAVY NURSES AT WORK IN SAMOAN HOSPITAL

The hospital equipment is most meagre and this fact cripples efficient work. Some iron cribs for the babies have been received and have added greatly to the comfort of the nurses. A mat on the floor is the usual bed. This mat was often missing and the wee things had discoloration at the base of the spine from contact with the hard floors. There are a few cots for the adults but the majority have to lie on their mats. This is not so uncomfortable for the patient, as they are accustomed to the hard surface, but nursing treatment is rendered much more difficult. In time we hope to have cots or bunks of some sort for all the patients.

At present we have four pupil nurses. They have spent ten years in a girls' school conducted by women missionaries connected with the London Mission. These girls understand and speak a very limited amount of English. Their school work was taught almost entirely in their own language and consisted of



reading, spelling, numbers, writing, geography, hygiene, sewing, pillow lace work and some knowledge of cooking. Best of all, they are splendidly disciplined. Obedience is thoroughly ingrained and is their strongest asset.

Every utensil used in the hospital was new to the girls, therefore, the first lessons were spent in teaching them the names and uses of the various articles. Their ability to memorize is quite remarkable; in a few days they had mastered the names of all the articles used in the houses.

The instruction in nursing began with the clinical thermometer which they learned to read in a remarkably short time. Then followed some elementary lessons in physiology and anatomy. A large proportion of the babies, who are



NAVY NURSES AND FOUR NATIVE NURSES, TUTUILA, SAMOA

entered as patients, have severe bowel trouble resultant from being fed taro and bananas. In order to reach the mothers and teach them the evil consequences of such infant feeding, it seemed imperative to first make the pupil nurses understand why babies should not be given such diet. The girls did not know that food was eaten for any other purpose than the pleasure produced in consuming it. To give them a different point of view we have taught the process of digestion. By making the outline very simple, they have learned and appear to understand the story of food.

Class work began two months ago. In this period the pupils have obtained some knowledge of the human skeleton; they have learned the names of various muscles and joints, and know something of the circulation of the blood. Yesterday the class work consisted of the dissection of a chicken. They gave the organs

the correct names and surprised and pleased me by knowing at a glance which was "the food pipe" and which the wind pipe. They told without hesitation the joints, the tendons terminating the muscles, the large and small intestine, membranes, etc. This is largely memory work, of course, and is a remarkable feat, as it involved learning all this in a foreign language.

The difficulty, to them, and the struggle for us will be in applying this memorized knowledge to the work. Their reasoning power is embryonic. It is no more developed than that of a child of twelve years. The arousing of that which has been so dormant will be a slow and discouraging process, but the accuracy and efficiency of their nursing work depend upon this development. With their present mental equipment the result of our efforts will be commensurate with that obtained by instructing girls of ten years in a civilized country.

At present we are teaching the treatment for conjunctivitis (which is very prevalent) and the danger of infection from flies and from direct contact with the disease. We are also giving the instruction in the care of babies' feeding bottles; the preparation of "———— Food" (which is in general use in the Island); the necessity of regularity in feedings and the general care of the babies. This work is within the compass of the mentality of the pupils and their progress in this branch is helped by the strongly developed love of children and reverence for motherhood, which these people possess to a marked degree.

I enclose the story of food, submitted just as it was written by one of the pupils in a recent examination which Dr. E., gave our class.

H.

#### THE STORY OF THE FOOD

(After 2 months instruction)

"We put the food in the mouth to eat, than going down to the food pipe, and reach into the stomach inside of the stomach has the glands, the gastric juice. The gastric juice it makes soft the food in the stomach it is soft. The valves opens and goes the food to the small intestines. In the small intestines it has lacteals pick the good food, and convey the good mitrey (material) to the different orang (organs) and the different orang changes into cases (gases). And in little red corpusales (corpuscles) fill with up the cases, and then the plab (blood) carries the little red corpusales over the body. But the waist materials its goes to the larges intestines and then begin go out."

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

THE AMERICAN NURSES' ASSOCIATION, the National League of Nursing Education and the National Organization for Public Health Nursing will hold their annual conventions in San Francisco, June 20-26, 1915. These meetings, except the business sessions, are open to all nurses, whether members of the associations or not.

*Place of Meeting.* The First Congregational Church, Post and Mason Streets, except for the Tuesday evening meeting, which will be held at Festival Hall, Exposition grounds, and for the Wednesday afternoon session which, with the American Hospital Association as guests, will be held in the Greek Theatre, Berkeley.

*Headquarters.* Hotel Clift, Geary and Taylor Streets.

(See the May JOURNAL for hotel rates and for names of other hotels.)

*Itineraries.* (See March JOURNAL).

*Programmes.* (See May JOURNAL for detailed programmes of the three organizations.) The American Nurses' Association programme has undergone some changes since its last publication, as follows: The session on Private Duty Nursing, scheduled for Tuesday morning, is to have the following papers: The Private Duty Nurse in Modern Times, Dr. William Palmer Lucas, San Francisco; Private Duty Nurse and Her Relation to the Registry, Sophia L. Rutley; Business Woman as Registrar, Katherine Hyde; discussion, Minnie H. Ahrens; Loyalty and What We Owe Our Schools, Bessie Graham; Contagious Nursing in the Home, Nettie Woods Guthrie; Characteristics Requisite for a Private Duty Nurse, Alice Dalbey.

The Red Cross session, scheduled for Wednesday morning, has the following papers: Town and Country Nursing Service, Fannie F. Clement; A Red Cross Visiting Nurse in Arizona, Katherine Kraft; The Effect of American Red Cross Standards on Training Schools, Nursing Organizations, and the Nursing Profession, Sara E. Parsons; Has Red Cross Relief Work in Europe Been Worth While? Dorothea Mann; Personal Experience in Serbia, Mathild Krueger.

The Thursday morning session will have papers on: Indian Nurses and Nursing Indians, Estaiene M. DePeltquestangne; Some Points in Organization Work, Annette Alison; The Future of the Central Registry, Elizabeth C. Burgess; Directory Rules and Government, Agnes G. Deans; Competition of Non-professional Registries with Central Directories, Lydia A. Giberson; Work of Nurses in the Canal Zone.

NOTE. State presidents attending the convention are asked to keep in mind the meeting of the Advisory Council, which will be announced on the bulletin board, and to have clearly in mind the problems they wish to hear discussed. The president asks that members will not wear hats during convention sessions.

# Nursing News and Announcements

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## REPORT OF THE NURSES' RELIEF FUND, APRIL, 1915

### Receipts

Previously acknowledged.....	\$3,390.15
Interest on bond.....	20.00
Johns Hopkins Hospital Alumnae Association, Baltimore, Md., individual members.....	8.00
Bellevue Hospital Alumnae Association.....	25.00
Alumnae Association of John N. Norton Infirmary.....	5.00
Louise Pohlss, Brooklyn Homeopathic Hospital Alumnae Association....	3.00
Helen Scott Hay.....	25.00
Emma Duensing, German Hospital Alumnae Association, N. Y. City....	1.00
Wesley Memorial Hospital Alumnae Association, Chicago, Ill.....	25.00
Passavant Hospital Alumnae Association, Chicago, Ill.....	5.00
Amy F. Patmore, New York Post Graduate Hospital Alumnae Association..	3.00
Margaret Jones.....	1.00
Connecticut Training School for Nurses, Alumnae Association.....	10.00
St. Luke's Hospital Alumnae Association, Chicago, Ill.....	25.00
Calendar Fund, L. A. Giberson, Chairman.....	326.79
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	\$3,872.94

### Disbursements

Benefit No. 1, North Carolina State Nurses' Association	
Sixth Payment.....	\$10.00
M. Louise Twiss, Treasurer, Postage, books for accounts.....	10.00
	<hr/>
Balance May 1, 1915.....	\$3,852.94
8 Bonds, par value.....	8,000.00
2 Certificates of stock.....	2,000.00
	<hr/>
	\$13,852.94

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City. For information, address L. A. Giberson, Chairman, Nurses' Club, 1520 Arch Street, Philadelphia.

## ARMY NURSE CORPS

APPOINTMENTS.—Lena B. Mead, graduate Homeopathic Hospital, Middletown, New York, post graduate of Bellevue Hospital, New York, New York; Mary W. Norton, Boston City Hospital, Boston, Massachusetts; Carrie M. Lanaway, City and General Hospital, Hamilton, Ontario, Canada, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.; Lulu M. Gerding, Good Samaritan Hospital, Portland, Oregon, assigned to duty at the Letterman General Hospital, San Francisco, California.

RE-APPOINTMENT.—Rosanna M. King, graduate of St. Joseph's Hospital, Chicago, Illinois, assigned to duty at Letterman General Hospital, San Francisco, California.

TRANSFERS.—To the Letterman General Hospital, San Francisco, California: Florence M. Bailly, Margaret J. Stevenson, Ida E. German and Helen Nevin.

To Army General Hospital, Fort Bayard, New Mexico: Marie Speckert. To Army and Navy General Hospital, Hot Springs, Arkansas: Gertrude H. Lustig. To Post Hospital, Fort Leavenworth, Kansas: Lyda Rodgers. To Department Hospital, Honolulu, Hawaiian Territory: Elizabeth M. Bannan and Charlotte G. Wills. To Department Hospital, Manila, Philippine Islands: Alice A. Rowe, Eleanor Wilson, Margaret J. Stevenson and Rosanna M. King.

DISCHARGES.—Anna B. Cawley from Letterman General Hospital, San Francisco, California. Mrs. Elizabeth E. Spencer and Pearl Murphy from the Walter Reed General Hospital, Takoma Park, D. C. Rose A. Young from Department Hospital, Honolulu, Hawaiian Territory. Inez H. Mileham, from Department Hospital, Manila, Philippine Islands.

DORA E. THOMPSON,  
*Superintendent, Army Nurse Corps.*

### CALIFORNIA

THE STATE BOARD OF HEALTH held its regular monthly meeting in Los Angeles on May 1 for the purpose of holding the second examination of nurses for certificate as "Registered Nurse." Eighty-four nurses, graduates of schools from different parts of the state, presented themselves for examination.

Pasadena.—THE GRADUATE NURSES' CLUB held its annual meeting at the Club House April 13, the president, Helen S. Wood, in the chair. Most satisfactory committee reports were presented, the treasurer's showing that the club was in a good financial condition, and hopes are entertained of soon being able to buy a Club House. A successful bazaar was held in the autumn, and the members showed great interest, making many saleable articles, the cooked foods and candy being most appreciated by the public. Some of the proceeds went to La Vina Consumptive Hospital, Pasadena, and also to Pasadena Branch of the Red Cross Relief Fund. The following officers were elected: president, Lena Hilliker; vice-president, Peninah Jones; secretary, Frances Scott; assistant secretary, Mrs. Jeanette Peterson; treasurer, Winnifred Merrihew.

Santa Barbara.—THE GRADUATING EXERCISES OF THE SANTA BARBARA COTTAGE HOSPITAL were held April 20 on the porch and lawn of the nurses' home, the class consisting of five members. Each carried flowers, the gift of the Board of Directors. After the exercises, refreshments were served in the parlors, and visitors were shown the Home and the new Contagion Cottage, which, being complete and convenient in its equipment, received much favorable comment. A display arranged by the nurses in their demonstration room, from each hospital department, was of great interest to the visitors, who expressed themselves as having spent an instructive as well as entertaining afternoon.

### COLORADO

THE NEW BILL FOR THE REGISTRATION OF NURSES OF COLORADO which was signed by the governor April 10, reads as follows:

AN ACT RELATING TO PROFESSIONAL NURSING AND TO REPEAL ALL ACTS IN CONFLICT  
HEREWITH

*Be it Enacted by the General Assembly of the State of Colorado.*

Section 1. The Governor shall appoint a State Board of Nurse Examiners, to be composed of five members. Each of the members of said Board shall be



a trained nurse of at least twenty-three (23) years of age, of good moral character, and a graduate from a training school, connected with a general hospital or sanitarium of good standing, where a three years' training with a systematic course of instruction is given in the wards; one of the members of said Board shall be designated to hold office for one year, one for two years, one for three years, one for four years, and one for five years, and thereafter upon the expiration of the term of office of the person so appointed, the Governor shall appoint a successor to each person to hold office for five years, each of whom shall be a licensed nurse under the provisions of this act.

Section 2. That the members of said Board shall, annually in the month of December, elect from their members a president, and also a secretary, who shall also be the treasurer. Three members of this Board shall constitute a quorum, and special meetings of said Board shall be called by the secretary upon the written request of any two members. The Board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purposes of this act. The secretary shall be required to keep a record of all the meetings of said Board, including a register of the names of all nurses duly licensed under this act, which shall be open to public inspection. That the president and secretary shall make a biennial report to the Governor on the second Monday of December, immediately preceding the convening of the Legislature, together with a statement of the receipts and disbursements of said Board. It shall be the duty of the Board to meet at least once in every six (6) months, notice of which shall be given in not less than six newspapers of the State and in at least one nursing journal thirty days previous to the time of meeting. At every meeting it shall be the duty of the Board to examine all applicants seeking a license under the provisions of this act.

Section 3. Every person applying for a license as a trained, graduate nurse shall make application upon blank forms furnished by the Board and shall give such reasonable information as the Board may require and in addition thereto it must be shown by the application that the applicant is twenty-one (21) years of age and possesses a diploma of graduation from a training school for nurses connected with a general hospital or sanitarium of good standing where a three years' training with a systematic course of instruction is given in the wards. The application shall be accompanied by an examination and license fee of ten (\$10) dollars which shall in no case be returned to the applicant. The application shall be verified by the oath of the applicant before some officer authorized to administer oaths. The applicant shall have two trained, graduate nurses, who are personally acquainted with the applicant, certify that such applicant is honest, trustworthy and of good moral character and not addicted to the use of intoxicants or narcotics, together with such other reasonable information as the Board may require from such vouchers, which certificate shall be indorsed upon the application.

Section 4. No person shall receive a license under the provisions of this act without first having been examined as to his or her training and fitness to care for the sick by the State Board of Examiners. The applicant must be at least twenty-one (21) years of age, of good moral character, trustworthy, honest and not addicted to the use of intoxicants or narcotics and possess a diploma of graduation from a training school for nurses connected with a general hospital or sanitarium of good standing where a three (3) years' training with a systematic course of instruction is given in the wards. The examination to be given such

applicant by the Board shall be of such character as to determine the qualifications and fitness of applicants to practice professional nursing as contemplated by this act, and shall be upon the following subjects, to-wit: General education, theory and practice of nursing, anatomy and physiology, materia medica, bacteriology and contagion, gynecology, obstetrics, genito-urinary being also given to male nurses, medical and surgical nursing, hygiene and sanitation, dietetics and such other subjects pertaining to nursing as may be determined from time to time by the Board; Provided, That nurses who shall show to the satisfaction of the Board that they maintain proper professional standards and meet all reasonable requirements of the Board and who were graduated prior to April 1906, from a training school connected with a hospital or sanitarium, giving two years' general training in the wards, or who were graduated prior to the year 1891 from a training school of this state connected with a hospital or sanitarium giving eighteen months' general training in the wards, shall not be required to pass an examination upon the following subjects, to wit: Anatomy and physiology, materia medica, bacteriology and contagion, gynecology, obstetrics, genito-urinary, medical and surgical nursing, hygiene and sanitation, dietetics; Provided, also, That persons who were in training before April, 1907, in the wards of a general hospital or sanitarium in this state where a two (2) years' training with a systematic course of instruction was given at the time of the passage of the act relating to professional nursing, approved April 8, 1907, and who shall graduate hereafter, and possess the above qualifications, shall not be required to pass an examination upon the following subjects, to wit: Anatomy and physiology, materia medica, bacteriology and contagion, gynecology, obstetrics, genito-urinary, medical and surgical nursing, hygiene and sanitation, dietetics; provided, that in the exception last aforesaid that the application shall have been made to the Board prior to April, 1909; Provided, further, That all graduate nurses who have served in the army or navy of the United States, and have been honorably discharged, shall not be required to pass an examination upon the following subjects, to-wit: Anatomy and physiology, materia medica, bacteriology and contagion, gynecology, obstetrics, genito-urinary, medical and surgical nursing, hygiene and sanitation, dietetics; Provided further, That nurses from other states where the laws with reference to professional nursing equal the standards of the laws of the state of Colorado and who shall show to the satisfaction of the Board that he or she is a trained, graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the laws of this state, and who shall be otherwise properly qualified, may receive a license as a nurse of this state without being examined on the following subjects, to wit: Anatomy and physiology, materia medica, bacteriology and contagion, gynecology, obstetrics, genito-urinary, medical and surgical nursing, hygiene and sanitation, dietetics; Provided, further, That persons actually in training at the time of going into effect of this act under two-years' contract in schools connected with a general hospital or sanitarium of this state, of good standing and giving a two years' systematic course of instruction in the wards, and who shall thereafter graduate, may, until December 31, 1916, receive a license upon such diploma of graduation by passing the regular examination prescribed by the Board.

Section 5. It shall be unlawful hereafter for any person to practice the profession of nursing as a trained, graduate nurse, or to act in a professional capacity by virtue of claiming to be a trained, graduate nurse, without a license from the State Board of Nurse Examiners. A person who has received his or

her license according to the provisions of this act, shall be styled and known as either a "trained," "graduate," "registered," or "licensed" nurse. No other person shall assume such title, nor use the abbreviation "R.N.," or any other letters to indicate that he or she is a "trained," "graduate," "registered," or "licensed" nurse, or represent himself or herself as such, and said Board shall cause the names of all persons violating any of the provisions of this act to be presented to the District Attorney for prosecution and the Board may incur necessary expenses on that behalf.

Section 6. The Board shall withhold a license by a three-fifths' vote, or may revoke any license issued in pursuance of this act by unanimous vote of said Board for gross incompetency, dishonesty, intemperance, immorality, unprofessional conduct, or any habit rendering a nurse unfit or unsafe to care for the sick, after a full and fair investigation of the charges; but before any license shall be revoked the holder thereof shall be entitled to at least thirty days' notice in writing of the charge against him or her, and of the time and place of the hearing of such charge, at which time and place he or she shall be entitled to be heard. Upon the revocation of any license, it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of registered nurses, and the license shall be returned to the secretary of said Board by the licensee named therein, and the licensee shall not thereafter be authorized to practice as a licensed nurse under the provisions of this act.

Section 7. All fees received by the State Board of Nurse Examiners, and all fines collected under this act, shall be paid to the treasurer of said Board, who shall, at the end of each and every month, deposit the same with the State Treasurer, and the said State Treasurer shall place said money so received in a special fund, to be known as the fund of the State Board of Nurse Examiners, and shall pay the same out on vouchers issued and signed by the president and secretary of said Board, upon warrants drawn by the auditor of the state therefor. All moneys so received and placed in said fund may be used by the State Board of Nurse Examiners in defraying its expense in carrying out the provisions of this act.

Section 8. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, or to any person taking care of the sick for hire who does not represent himself or herself or in any way assume the practice or hold himself or herself out to the public as a trained, graduate, registered, or licensed nurse.

Section 9. That any person violating any of the provisions of this act, shall be guilty of a misdemeanor, and upon conviction thereof be punished by a fine of not more than three hundred (\$300) dollars.

Section 10. All acts or parts of acts inconsistent or in conflict herewith are hereby repealed; provided, however, that the repeal of said acts and parts of acts shall not be construed to affect the terms of office of the present members of said State Board of Nurse Examiners, but the said members shall be entitled to serve the full term for which they were appointed under an act entitled "An Act Relating to Professional Nursing," approved April 11, 1905; and said Board is authorized to continue to act as such in any and all proceedings of every nature and kind whatsoever heretofore had or which are now being had or carried forward under the acts or parts of acts hereby repealed, and may be carried forward, completed or consummated under the provisions of this act.

Section 11. In the opinion of the General Assembly an emergency exists and therefore this act shall take effect and be in force from and after its passage.

## CONNECTICUT

THE GRADUATE NURSES ASSOCIATION OF CONNECTICUT held its twelfth annual meeting May 5, at the First Congregational Church, Waterbury. Seventy members were present. Business meetings of the executive board of the State League of Nursing Education, and of the Red Cross were held in the morning. The annual luncheon was served in the church parlors. The regular meeting was called to order at 3.40 p.m., the president Mrs. Winifred Hart in the chair. After routine business, the legislative committee gave a full account of its work with the legislature, and reported that the Governor signed the amended bill, March 19. The election of officers resulted as follows: president, Mary Grace Hills of New Haven; vice-presidents, Mrs. Winifred A. Hart, Stratford, Anna E. Barron, New Haven; secretary, Harriet E. Gregory, Waterbury; treasurer, Elizabeth Somers, Waterbury. The association appreciates Mrs. Hart's consent to serve as vice-president, as for business reasons she was obliged to decline the office of president, which she has filled so ably and faithfully for two terms. The next meeting will be held at the Middlesex Hospital, in Middletown.

**New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting at the usual place May 4, with a moderate attendance. In the absence of the president, the vice-president, Miss Bigelow, was in the chair. Routine business was transacted, new members admitted, and the state meeting held the preceding day in Waterbury, discussed. A committee was appointed to arrange for the annual meeting to be held in June. After adjournment, M. Grace Hills gave an interesting talk on the work of the visiting nurses, of whom she is in charge, and refreshments were served.

**Hartford.**—THE ALUMNAE ASSOCIATION OF ST. FRANCIS HOSPITAL held its semi-annual meeting in the lecture hall of the hospital on May 1. The president, secretary and treasurer were absent on account of illness. Miss E. Toomey presided, assisted by Miss M. Ahern. Fifty-two members were present and eighteen new ones were received. The report of the annual whist party showed that the receipts were \$939.80. One thousand dollars was voted to be given the free bed fund, thus completing the amount of \$5000. A social hour followed the business meeting.

## DISTRICT OF COLUMBIA

**Washington.**—TAMSON A. GRAY, R.N., graduate of the Maine General Hospital, Portland, Maine, has been confined in bed for the last fifteen months, with tuberculosis, in the Washington institution, for that disease. Miss Gray was a member of the official family of the hospital for the first three years of its existence. She is taking pneumothorax treatment, and is well on the road to recovery.

## FLORIDA

THE NEXT REGULAR MEETING OF THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES, will be held June 2, at the Seminole Hotel, Jacksonville. All applications must be filed with the Secretary before May 15.

IRENE R. FOOTE, *Secretary-Treasurer*,  
35 East Bay Street,  
Jacksonville, Florida.

**St. Augustine.**—THE PUBLIC HEALTH NURSING SERVICE has progressed beyond all expectations, through the efforts of Sarah H. Cabaniss, and under

her direction a Neighborhood House has been established. All the work is supported by the King's Daughters, through general contributions, and the society is to be congratulated in having Miss Cabaniss in charge of the Public Welfare work.

## GEORGIA

**Augusta.**—THE THIRD ANNUAL MEETING OF THE GRADUATE NURSES ASSOCIATION of Augusta, was held March 26, at the City Hospital. Eleven nurses were present. After the roll call and reading of the minutes, the treasurer's report was read and accepted. Miss Moran appointed Emma Dozier, Margaret Dorn, Louise Tommims and Mary L. Connelly to act on her committee to devise ways and means of getting contributions towards the Nurses' Relief Fund. The president gave a short talk on the possibilities of a relief fund for the Graduate Nurses' Association, and it was decided that, as the association was unable to maintain a room for sick nurses at the new University Hospital, this fund be established. The association contributed \$25 to this fund and contributions of \$55 from individual members were reported by Miss Dozier, who was appointed chairman of the committee to solicit subscriptions and to consider upon what occasion, sick nurses would be eligible to receive benefits. The president was instructed to extend an invitation to the State Association to hold the next annual convention in Augusta. The following officers were elected: president, Mary Moran; vice-president, Emma Dozier; secretary-treasurer, K. M. Gallagher; councillors, Ethel Boone, Carrie Ransom, Margaret Dorn, Elizabeth White and Angila Sullivan. Miss Moran was reelected registrar of the nurses' directory.

## ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will meet in Springfield, July 14 and 15, 1915, for the purpose of conducting an examination for the registration of nurses. Applications must be filed not later than July 1, 1915. Blanks and information may be procured by addressing the Secretary.

ANNA L. TITTMAN, R.N.,  
Capitol Building,  
Springfield, Ill.

**Chicago.**—THE REGULAR MEETING OF THE FIRST DISTRICT OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES was held May 11, in the Auditorium of the Young Men's Christian Association Building. Invitations were sent to eight hundred senior nurses, it being "Senior night." About four hundred senior nurses from the various training schools were present and one hundred and fifty members of the association. Brief talks were given on the State Association, Miss Thomson; Central Directory and Club House, Miss Ahrens; the Red Cross, Mrs. Tice. The principal speakers of the evening were Agnes G. Deans, of Detroit, on the American Nurses' Association; and Sophia F. Palmer of Rochester, N. Y., on THE AMERICAN JOURNAL OF NURSING. Miss Palmer has been staying at the Nurses' Club House for a week and has had many pleasant conferences with groups of nurses, beside being a guest at St. Luke's Hospital and the Illinois Training School.

CORA JOHNSON, for several years assistant superintendent of nurses at the Presbyterian Hospital, left for Russia with the Red Cross, March 1. A cablegram has been received, telling of her safe arrival. Julia Chubbuck, class of 1908, former directress of nurses at the Rockford Hospital, has gone to California,



to stay for an indefinite time. Alice Morse, class of 1910, has accepted the position of superintendent of nurses in the hospital at Monmouth, Illinois. Esther Fairchild has accepted the position of supervisor of floors B and C. The Alumnae Association held its annual meeting April 6, the following officers were elected: president, Miss D. Twitchel; secretary, Miss Holverson; treasurer, M. Dunlap; Journal reporter, Mrs. Edith C. Koch. The graduating exercises of the training school, were held May 25.

THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL held its annual meeting May 4, and elected the following officers: president, Charlotte Johnson; second vice-president, Jessie Christie; recording secretary, Mary Watson; director, Helen Kelly. The senior class of the training school gave a demonstration in the amphitheatre of the Cook County Hospital on May 14, including some unusual numbers, such as Making a Bed for a Tubercular Patient; Improvising an Operating Room Gown; Carrying Patient by Means of a Sheet Chair; Bed for Patient Requiring Open-air Treatment; A Blanket-made Kimono; Fire Drill and The Story of a Sheet.

THE NURSES ALUMNAE ASSOCIATION OF ST. MARY OF NAZARETH HOSPITAL held its third annual meeting in the nurses' assembly hall, May 3. The following officers were elected: president, Sister Mary Dolores; vice-president Helen Walderbach; secretaries, Kathryn A. Conway, Susan B. Hawkins; treasurer, Emma Mack; directors, Ethel C. Rinker, Mae Gleeson; program committee, Helen Repa, Agatha Oberst. One new member was admitted. The alumnae has recently furnished a room in the hospital for the use of sick nurses. A new nurses' home which will accommodate eighty nurses has been added to the hospital, also a wing which will accommodate fifty patients and thirty Sisters. Kathryn Jones has accepted the position of superintendent of nurses at the Mercy Hospital, Gary, Indiana.

#### INDIANA

THE INDIANA STATE NURSES ASSOCIATION held its twelfth semi-annual convention at Terre Haute, April 29 and 30. Papers were read by Dr. Retger, professor of physiology at The Indiana State Normal School, Dr. M. R. Combs on European Hospitals and Dr. A. H. McCaffe on Eclampsia. A talk was given by Dora Burr, Public Health Nurse in Terre Haute. Ethel Chisholm, superintendent of the Union Hospital Training School, gave a dinner at the training school April 28 for the visiting nurses. The local associations entertained the nurses at a banquet at the Hotel Deming on the evening of April 29. Reports from different committees showed a large amount of work done in the past year, especially public health work. Fourteen new members were admitted. Several of the members will attend the meetings in San Francisco, Frances M. Ott, being the delegate from the society.

#### IOWA

THE IOWA LEAGUE OF NURSING EDUCATION met in Iowa City, April 27, in the reception room of the University Hospital with about fifty nurses in attendance. The meeting was called to order by the president, Miss Bristol, who gave a short address. Ellen Stirling and Anna Goodale were appointed secretary and treasurer pro-tem, the regular officers having left the state during the year. Martha Oakes, Davenport, discussed the forty-eight hour law for pupil nurses as it affects hospital administration and the nurse. Regarding supply and

demand of pupils, Miss Goodale, Iowa City, read a letter from a worker in Vocational Guidance requesting the League to take up the work of giving talks to girls on the subject of Nursing as a Vocation. The state will be divided into districts and nurses appointed to do this as well as to distribute the pamphlet, Opportunities for Nurses. Clara Swank, Cedar Rapids, read a paper on Is Three Years Too Long for a Nurse's Training? Discussion followed. Legislative work was uppermost in the minds of the members as an attempt was made at the last session to change the law, to make the length of training eighteen months instead of three years, reducing the examinations to comply with the time reduction. The amendment was introduced by Mr. Miller an editor from Waverly who is one of the leaders in the "Society for Medical Freedom." The nurses acted promptly and brought all influence to bear to kill the measure and no change was made. Mr. Miller's reason for introducing the measure was, as stated to the legislative committee, that three years' training is making a shortage of nurses and keeping up the price for their services. During the coming year the executive committee of the League will confer with that of the State Association to prepare for subsequent attacks on the bill. A paper on State Board Examinations was read by Josephine Creelman, after which followed a discussion by the members. A resolution was adopted which is to be sent to the State Board of Health requesting them to appoint nurses on the Board of Examiners who will represent the hospital woman, the private duty and public health nurses respectively. This was also adopted by the State Association on the following day and goes to the State Board of Health as a joint resolution. Eleven new members were received. The application of the Iowa League for affiliation with the National League will be acted upon at the California meeting. Officers elected for the following year are: president, Luella Bristol, Fairfield; vice-president, Caroline Butterfield, Dubuque; secretary, Bernadine Wirtz, Fairfield; treasurer, Adah Hershey, Des Moines; Auditor, Sister Mary Ursula, Dubuque. Emma Wilson, chairman of committee on resolutions gave her report. One member had passed away during the year, Elizabeth Trotter of Ottumwa. Resolutions were spread upon the minutes and sent to her family. The Iowa City nurses were thanked for their hospitality and the meeting adjourned to meet in Burlington in 1916, at the pleasure of the program committee. In the evening the nurses attended a lecture by Helen Kellar and her teacher Mrs. Macey.

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES held its twelfth annual convention April 28-29, at Iowa City, immediately following the meeting of the League of Nursing Education. The convention was held in the Assembly Room of the Liberal Arts Building of the State University, and there was a large attendance. Dr. Thomas H. McBride, president of the University, gave an address of welcome; the response was made by Ann J. Jones. The president, Martha Oaks of Davenport, gave an address. The business session followed, and the reports of individual societies showed a decided gain during the year. Ottumwa nurses, with the assistance of the doctors, will erect a memorial to Elizabeth Trotter in the form of a nurses' home. Emma Wilson and Miss Needles of Des Moines gave an account of the hard fight against, and the final defeat of the Miller bill, during the last session of the legislature. An interesting and timely discussion of the Harrison drug law was given by Prof. R. A. Kuever, at the afternoon session. Sectional meetings for private duty nurses, and visiting and school nurses, were presided over by Jane Garrod and Clara Craine, both of Davenport. The private duty nurses organized, with Estelle Mellette of Daven-

port, as chairman. The public health nurses organized at an adjourned meeting the following morning, with Miss Reeder of Dubuque as chairman and Miss Elder of Ottumwa as secretary and treasurer. In the evening Prof. C. C. Nutting gave an illustrated lecture on The Cliff Dwellers. On Saturday, Dr. Mabel C. Williams read an interesting paper on Child Development and Welfare, and Dr. C. J. Rowan gave an address and conducted a clinic for the nurses at the University Hospital. Miss Creelman, Miss Goodale and Miss Reitz were appointed delegates to the Federation of Women's Clubs which was to meet in Iowa City on May 18. The president was authorized to appoint a delegate to the meeting of the Infant Welfare Society to be held in Philadelphia in November next. The social events included a reception at the home of President and Mrs. McBride, and a tea given by the nurses of the University Hospital in the beautiful new home. At the closing business session the following officers were elected: president, Ann J. Jones, Des Moines; vice-presidents, Caroline K. Seerley, Burlington, Helen Peterson, Sioux City; recording secretary, Gyda Bates, Cedar Rapids; corresponding secretary, Ella McDaniels, Cedar Rapids; treasurer, Blanche Bowker, Ottumwa; auditor, Katherine McCarthy. Chairmen of committees are: legislative, Helen M. Needles, Des Moines; constitution, Annie Goodale, Iowa City; credential, Agnes Swift, Washington; finance, Jane Garrod, Davenport; Red Cross, Estella Campbell, Des Moines; nominating, Helen Peterson, Sioux City. Miss Geisman of Dubuque was appointed delegate to the American Nurses' Association, with Gyda Bates as alternate. The next place of meeting will be Burlington.

**Des Moines.**—THE DES MOINES REGISTERED NURSES' ASSOCIATION met on April 6 in Room 513, Fleming Building, Miss Wilson in the chair. The registrar, Miss Robinson, reported for the last quarter that the number of nurses on the directory is 150, attendants, 18; calls filled for nurses, 495, for attendants, 51. The committee appointed to draft a resolution to create public sentiment in favor of an eight-hour service for pupil nurses reported that such legislation would be unconstitutional. Miss Needles reported the investigations being made to secure a larger room for a meeting place. The new constitution was read and carefully discussed. The association met again on April 20 in the Woman's Commercial League Room. After the transaction of business, papers were read by Miss Hinote and Mrs. Tellier on the puzzling questions that confront nurses in different lines of work. An animated contest on An Ideal Training School was participated in by Helen Needles, Laura Chennell, Esther Jackson and Esther Bunch, comparing the advantages of a three year course with an eight hour service, a two year course, a two year course with nine months' preliminary work and the present three year course. The judges declared Miss Needles and Miss Jackson tied for honors.

**Council Bluffs.**—MERCY HOSPITAL held graduating exercises for a class of eight nurses on April 13. Lillian Byrnes has taken charge of Polson Hospital, Polson, Montana, and Mildred Kavan has the appointment of surgical nurse in the same place.

**Oskaloosa.**—THE MAHASKA COUNTY REGISTERED NURSES' ASSOCIATION held its regular meeting on April 17. Essie Wilcox was elected secretary in place of Pearl Evans who has been made assistant superintendent of St. Luke's Training School, Chicago.

**Ottumwa.**—PEARL MOTHERSHEAD, a graduate of St. Luke's, Chicago, has been chosen as superintendent of the Ottumwa Hospital, succeeding the late

Elizabeth Trotter. Miss Thomas and Miss Barclay, both of St. Luke's, will act as assistant superintendent and surgical nurse. The Ottumwa Nurses Alumnae Association has given their room in the hospital a new coat of paint and installed an electric suction light.

**Cedar Rapids.**—JENNIE ROBERTSON, class of 1911, St. Luke's Hospital, has taken charge of the visiting nurse work in Sioux City. Ethel Kohlman, class of 1911, has returned from Chicago, where she has spent the last two years in visiting nurse work. Margaret Stoddard has resigned her position as head nurse at the Moorhead Hospital, Moorhead, Minnesota, and is taking post-graduate work at the Chicago Lying-in Hospital.

**Waterloo.**—ANNA GORDON, class of 1913 of the Presbyterian Hospital, has accepted a position as surgical nurse at the Sartori Memorial Hospital, Cedar Falls.

#### MAINE

THE MAINE STATE NURSES' ASSOCIATION held its last meeting at Bangor. At the close of the session an open meeting was held, when Ella Phillips Crandall, secretary of the National Organization of Public Health Nursing, delivered an address on Public Health Work. This meeting was well attended and a lively interest was taken in the subject. The day following, Miss Crandall spoke at Portland under the auspices of the District Nurses' Association. The annual meeting of the Maine State Nurses' Association will be held in Portland, June 1. The bill for State Registration for Nurses which was presented to the legislature this year for the first time was passed without an amendment. The members feel very grateful that they did not have the long hard struggle and bitter opposition that so many sister states have had, but feel that they have benefited by the endeavors of the pioneer workers. The legislative committee was composed of the following: Mrs. Sarah Hayden, Augusta, chairman; Ida Washburn, Bangor; Lucy J. Potter, Biddeford; Rachael Metcalf, Lewiston; Edith L. Soule, Portland. Charles L. Andrew was the lawyer in charge of the bill, and Niles Perkins presented it in the legislature.

**Portland.**—THE MAINE GENERAL HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting, April 5, the president, Maria M. Irish, in the chair. It was decided to hold a school reunion in June.

THE CHILDREN'S HOSPITAL held graduating exercises for the class of 1915, May 31. There were four graduates.

Mary Arlite Penney will leave for San Francisco, California, the last of May where she will represent, as delegate, the Maine State Nurses' Association, Maine General Hospital Alumnae Association and Guild of St. Barnabas at their respective conventions.

THE BILL TO CREATE A BOARD OF EXAMINATION AND REGISTRATION OF NURSES which has become a law, reads as follows:

Section 1. Within sixty days after this bill shall go into effect the Governor with the advice and consent of the Council shall appoint a Board of Examination and Registration of Nurses, consisting of four nurses and one physician.

The nurses appointed on this board shall have been graduated each from a different training school, connected with a hospital of good standing, presided over by a graduate nurse, giving at least a two years' general course in theory and practice of nursing in the wards and shall have had at least five years' experience from date of graduation in professional nursing of the sick, and with the

exception of those appointed as members of this first board shall have been registered under the provisions of this act.

The physician appointed on this board shall have been graduated at least five years, shall be a member of the Maine Medical Association, and shall be associated with a general hospital maintaining a training school for nurses.

There shall be at all times at least two members of the board who shall have had two or more years' experience in educational work among nurses.

All members of this board shall be actual residents of the state and engaged in professional work. Each member shall be appointed for a term of three years, except those first appointed who shall serve as follows: one for one year, two for two years, and two for three years. Any vacancy in said board shall be filled by the appointment of a person qualified as aforesaid to hold office during the unexpired term of the member whose place he or she fills, and any member may be removed from office for cause by the Governor with the advice and consent of the Council.

Section 2. Said board shall, at the first meeting thereof, and at its annual meetings thereafter, elect from its own number a president and a secretary who shall also be treasurer. Said board may adopt a seal and pin, which shall be placed in the care of the secretary and may adopt such by-laws, rules and regulations for the transaction of the business of the board and the government and management of its affairs, not inconsistent with the laws of this state and of the United States, as it may deem expedient. Three members of said board shall constitute a quorum, and special meetings shall be called upon request of any two members. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act which shall be open at all reasonable times to public scrutiny and to furnish a certificate of registration to all such nurses, said certificate to be renewed at the end of five years upon payment of one dollar to the Examining Board, with affidavit to show his or her identity, at least three months' notice having been given, by registered letter, of expiration of said certificate. The board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for the requirements of this act. On request of said board, the Superintendent of Public Buildings shall provide a suitable room in the Capitol for its meetings.

Section 3. The members of said board shall receive their actual necessary expenses incurred in the discharge of their duties, and the secretary shall receive a salary to be fixed by the board, not to exceed two hundred and fifty dollars per year. The other members of the board shall each receive four dollars per day while actually engaged in attendance upon meetings of said board. Said expenses and said salary shall be paid out of the receipts of said board as hereinafter specified. No charge or expense of any kind shall ever become a charge against the state.

Section 4. At a meeting of said board to be held within sixty days after the appointment of members thereof and at the annual meeting in each year thereafter and at such special meetings as said board may deem necessary to hold for that purpose, notice of each of which meetings shall be given by publication at least one month previous to such meetings in such newspapers and nursing Journals as the board may determine, said board shall examine all applicants for registration under the provisions of this act to determine their qualifications for the efficient nursing of the sick, and shall decide upon the qualifications of



every such applicant and give notice of such decision within three months from the date of such examination. Application for registration shall be made upon blanks furnished by the board and shall be signed and sworn to by applicant. Any person twenty-one years of age or over and of good moral character who shall show to the satisfaction of the board that he or she is a resident of the state, is a graduate of a training school for nurses in good standing, which gives at least a two years' course in a public or private hospital in which a general course of instruction in theory and practice of medical, surgical and obstetrical nursing, or in case of male nurses of genito-urinary work instead of obstetrics, is given, or has had such experience obtained by affiliation or post-graduate work, shall be eligible for such examination upon payment of a fee of five dollars, to be deposited upon the filing of the application for examination. Said examination shall be oral and written and shall include the subjects of elementary anatomy and physiology, materia medica, medical, surgical and obstetrical nursing, dietetics, home sanitation and nursing. If such applicant shall pass said examination to the satisfaction of the board, he or she shall receive a certificate of registration.

Section 5. Any resident of the state twenty-one years of age or over, and of good moral character, applying for registration within two years from the passage of this act, and who shall, by affidavit or otherwise, show to the satisfaction of the board that he or she is a graduate of a training school for nurses, which gives at least a two years' course in a public or private hospital where a general course of instruction is given, or that he or she was, at the passage of this act, a student in such a training school for nurses, and afterwards was graduated therefrom, shall be eligible for registration without examination, upon the payment of a fee of five dollars. The board shall have the power to register in like manner without examination, upon payment of the usual fee, any person who has been registered as a professional nurse in another state under laws, which in the opinion of the board, maintain a standard substantially similar to that of this act, and which extends a similar courtesy to nurses registered in this state.

Section 6. Said board may cancel the registration of any person who has been convicted of any felony, or of any crime or misdemeanor in the practice of the profession of nursing.

Section 7. It shall be unlawful after six months from the passage of this act, for any person to practice professional nursing in this state as a registered nurse without having a certificate of registration. A nurse who has received such certificate and pin shall be styled and known as a "Registered Nurse," and no other person shall assume such title, use the pin, the abbreviation "R.N." or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Every person who shall violate any provision of this act, or who shall wilfully make false representation to said board in applying for a certificate of registration, shall be fined not more than one hundred dollars; provided, that nothing in this act shall be held to apply to the acts of any person nursing the sick who does not represent himself or herself to be a registered nurse. The board shall cause to be presented to the proper prosecuting officer evidence of any violation of the provision of this act and may incur any necessary expenses in the performance of this duty, said expenses to be paid out of the receipts of said board.

Section 8. The treasurer shall receive all fees payable to the board and shall quarterly on the last secular days of March, June, September and December, account for and pay to the Treasurer of State all sums so received which shall

be kept by the Treasurer of State as a separate fund for the payment of the compensation and expenses of the members and the expenses of the board and for executing the provisions of law relating hereto and so much thereof as may be required is hereby appropriated for said purposes. The secretary shall also be reimbursed for all expenditures for books, printing, and other necessary expenses actually incurred in the discharge of his duties, but in no event shall payment for services and expenses of members of the board exceed the amounts received by the Treasurer of State from the treasurer of said board. Any balance remaining to the credit of the board at the end of each year shall be carried forward to the next year. The treasurer of the board shall, before taking office, give to the state a bond with surety conditioned for the faithful performance of the duties of said office in the penal sum of not less than five hundred dollars. The board shall also submit to the Governor on or before the first day of January in each year a general statement of the work of the board for the year preceding, including therein a statement of the number of applicants received during the year, the number approved, and the number rejected.

#### MARYLAND

**Baltimore.**—THE UNIVERSITY OF MARYLAND NURSES' ALUMNAE ASSOCIATION held their annual meeting April 5, and entertained the graduating class. C. A. Cox was elected delegate to the American Nurses Association Convention in San Francisco. The following officers were elected: president, M. E. Rolph; vice-presidents, Mary Gavin, Mrs. Page Edmonds; secretary, Mrs. Frank Lynn; treasurer, Mrs. Nathan Winslow; members of executive committee, Misses Cox, McNabb, Sullivan and Hostraner.

THE STATE LEAGUE OF NURSING EDUCATION held a meeting at the Johns Hopkins Hospital April 21. After the report of the nominating committee, a very interesting paper on Hospital Social Service work was read by Margaret Brogden, who is in charge of that department at the Johns Hopkins Hospital. Miss Brogden gave an account of the work in many of its details, telling of the splendid coöperation of the different organizations of the city and from the volunteer workers. She cited a number of individual cases, where the whole aspect of life had been changed through the Social Service department. The discussion which followed proved how deeply interested the members are in this work. Tea was served by Miss Baker, and a very enjoyable afternoon was spent.

#### MASSACHUSETTS

**Boston.**—THE CITY HOSPITAL NURSES CLUB held a very pretty May party at the Ann Vose, May 4. This was the last meeting of the season. There were about fifty nurses in gay crepe paper costumes, which were much admired. Refreshments were served, after the dancing. Prizes of May baskets were awarded, first to the "Indian Maid," the second to "Night." Florence N. Levensaler, graduate of the Boston City Hospital has been appointed resident nurse at the Infirmary of the Amherst Agricultural College.

A committee consisting of Mrs. W. W. Vaughn, Sara E. Parsons and Dr. Daniel Jones, has sent six graduates, specially qualified nurses, to work under the British branch of the French Red Cross, in a hospital at Fort Mahon, near Boulogne. This committee guaranteed transportation to London and return to Boston. In London they were received by the agent of this branch, which paid

all traveling expenses to Fort Mahon, and promises transportation to London, on return. The nurses who give their services, are: Madam Annette Sirois, and Anna Loughrey, Massachusetts General Hospital; Miss Durant, Homeopathic Hospital, Boston; Mrs. Charles J. Lincoln and Marion Hamblin, City Hospital, Augusta, Maine, the latter the late assistant superintendent Knox County Hospital, Rockland, Maine, and Mrs. Charlotte Kilner, graduate of an English hospital. Margaret Henderson, Massachusetts General Hospital, paid all her own expenses and traveled with this group. She will also work at Fort Mahon. The party left Boston at midnight, May 7, for New York, and sailed on the *Philadelphia*, May 8.

ON APRIL 13, Mrs. Thomas Allen addressed the members of the Women's City Club, on the work of Lydia Holman as a Friendly Nurse in the mountains of North Carolina. On April 16, at the home of Dr. S. J. Mixter, Madam Depage, whose husband, Dr. Depage is working under the Belgian Red Cross, spoke to the Boston nurses. The nurses were deeply interested, and after consulting with the councillors of the state association, which met the next day, decided to send out circulars asking each nurse in the state to contribute 25 cents; the state association to bear the expense of printing and mailing. A large committee was appointed. Miss Tisdale, who is in charge of the Homeopathic directory, St. Mary's Street, Brookline, will receive the contributions. (Madame Depage was one of the victims of the *Lusitania* disaster.—Ed.)

On April 23, at the Boston Nurses' Club, an interested audience listened to Miss Burris' account of her work in the American Ambulance Hospital at Neuilly. Admission was charged and tea served. Twenty-five dollars were obtained for the Red Cross Work.

THE GUILD OF ST. BARNABAS held the monthly meeting at St. Paul's Cathedral Church, on April 28. Six members were admitted by Dean Rousmaniere, who also gave an address. The business meeting followed. The treasurer's report showed the finances to be in good condition. It was voted to send one delegate for the united branches to represent the Guild at the meeting in San Francisco. After adjournment Rosamond Bradley gave an illustrated talk on her experiences while in charge of the orphanage at Dr. Grenfell's Mission, at St. Anthony, Newfoundland. Both talk and views were interesting and amusing. It seems astonishing that amid the barren poverty of St. Anthony's Mission \$400 were raised at a fair, for the Belgian Relief Fund.

**Rockland.**—On April 20, at the annual meeting of the parent-teachers' association, Miss Platt, the district nurse, spoke on the proper feeding of children.

**Gloucester.**—Under the will of a patient who died in the Addison Gilbert Hospital in 1910, the hospital has recently received \$115,000. This bequest makes the hospital self-supporting.

**Salem.**—On April 13, the nurses' association held a meeting at the Essex Institute. Mrs. C. H. Masury spoke on suffrage.

**Canton.**—On April 21, A. May Lentell, graduate of the Newton Hospital, sailed for Belgium, to work under the Red Cross.

**Malden.**—THE MALDEN HOSPITAL TRAINING SCHOOL held its graduating exercises in the Pratt Building, April 20. Eight nurses were in the class.

**Hathorne.**—THE ALUMNAE ASSOCIATION OF THE DANVERS STATE HOSPITAL TRAINING SCHOOL FOR NURSES held the regular meeting at the hospital Wednesday, April 14. Mrs. Julia A. Reed, presided. The reports of the various committees were read, and officers for the ensuing year were nominated. Two

graduates of the class of 1914 were elected to membership, making the number of active members sixty. Mrs. Mary M. Carter, class of 1891, read a very interesting paper on First Aid to the Injured. A social hour followed adjournment.

**Arlington.**—AT THE TWENTIETH ANNUAL MEETING OF THE WOMEN'S CLUB \$50 was appropriated to Symmes Hospital, \$25 to the district nurse, and \$10 to name a day at the Hospital.

**Cambridge.**—Various patriotic societies gave a reception for Mrs. Fanny T. Hazen, president of the Army Nurses' Association, on May 8, the eve of her seventy-fifth birthday, in the G. A. R. Hall. Mrs. Hazen was presented with a purse of gold.

**Worcester.**—THE WORCESTER STATE HOSPITAL TRAINING SCHOOL has changed its course from two to three years, having arranged an affiliation with Bellevue whereby the nurses go there for nine months during their training. The Hospital has contributed \$76 to the Belgian Relief Fund.

#### PENNSYLVANIA

**Philadelphia.**—THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES, held its regular monthly meeting, May 3, Leopoldine Guinther, second vice-president, in the chair. Thirty members were present. After the routine business was transacted, the scholarship committee presented the names of two candidates as applicants for the Alice Fisher Memorial Scholarship, Leopoldine Guinther, chief nurse at the Rush Hospital, Philadelphia and Sadie M. Mahoney, Webber Hospital, Biddeford, Me. Miss Guinther was awarded the scholarship by majority vote, and will enter Teachers College, Columbia University in the autumn. At the request of the National League of Nursing Education the Alumnae will co-operate with it by sending out one thousand copies of a questionnaire, provided by the National, but assuming the necessary mailing expense. At the solicitation of Miss Eager, the Alumnae voted \$75 to the Nurses' Club of Philadelphia, for household replenishing.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its monthly meeting, April 14, at the Club House, 1520 Arch Street. Good reports were given by all committees. Several new members were elected, giving added interest to the campaign workers. The president, Nettie Guthrie, was elected delegate to the convention of the American Nurses Association. Resolutions were adopted on the death of Miss Cromwell, class of 1889. There was an interesting discussion of the four proposed amendments to the state registration law, which are: first, raising the fee from \$5 to \$10; second, reciprocity; third, educational director for training schools; fourth, change of personnel of board of examiners. The association extends a hearty welcome to all members and strangers, at the monthly meetings, and hopes to have a good attendance for the remainder of the year.

THE PRIVATE DUTY NURSES' ASSOCIATION held its first annual meeting, at the Nurses' Club, April 2. The following officers were elected: president, Martha C. Lafferty; vice-presidents, Elizabeth Morgan, Carrie W. Price; recording secretary, Elizabeth J. Beattie; corresponding secretary and treasurer, Mrs. Ida H. Selden. The membership committee reported that the list of members had more than doubled during the year. The library committee reported that the circulating library was making fair progress. The association is conscious

of a strong spirit of progressiveness, having as its foundation the main thought of the raising of the standard of nurses and of the profession, in every way.

**Roxborough.**—THE NURSES' ALUMNAE ASSOCIATION OF ST. TIMOTHY'S HOSPITAL AND HOUSE OF MERCY held its annual meeting in the nurses' home, April 7. Routine business was transacted and three new members admitted. It was voted to send five dollars to the Red Cross Division of the Emergency Aid Committee.

**West Chester.**—THE CHESTER COUNTY HOSPITAL ALUMNAE ASSOCIATION held its tenth annual meeting at the nurses' home, May 7. There were seventeen active members present, and eight new names proposed for membership.

**Harrisburg.**—THE ALUMNAE ASSOCIATION OF THE HARRISBURG HOSPITAL held its monthly meeting May 5, with fifteen members present. The graduating exercises of the class of 1915, were held June 1. The class numbered ten pupils.

**Beaver Valley.**—THE GRADUATING EXERCISES OF THE BEAVER VALLEY GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES were held May 14, at the First Presbyterian Church. There are eight graduates in the class.

**Pittsburgh.**—THE ALUMNAE ASSOCIATION OF THE PITTSBURGH TRAINING SCHOOL FOR NURSES held its regular monthly meeting April 1. Helena Hallock, who was in the Army Nurse Corps for five years, gave an interesting talk on the work and social life of an army nurse. The twenty-fifth annual meeting of the association was held at the Fort Pitt Hotel, April 16. The president, Miss Burdette being absent, Miss Baer presided. A résumé of the year's work was read by the secretary. Eleven meetings have been held, including White Gift Day and the 1914 annual meeting. The special work of the year has been sewing and the collection of white gifts for the nursery of the Homeopathic Hospital and war relief work for the Red Cross in making dressings and collecting funds. Addresses have been given during the year as follows: Woman Suffrage, Mary Blakewell; Tuberculosis, Dr. S. W. Rinehart; Twilight Sleep, Dr. F. V. Wooldrige; The Army Nurse, Helena Hallock. One evening was devoted to readings and music with a social hour following. The officers elected were: president, Alice A. Griswold; vice-presidents, Anna Bear, Lyda Hupp; treasurer, Margaret Porter; secretary (re-elected), Mrs. Caroline H. Metcalf; chairman of committees, membership, Emma Ruttkamp; visiting, Louise Huemmerick. After the business meeting, dinner was served and letters were read from absent members. Two of special interest were from Mrs. O. M. Shuman, an ex-superintendent, now living in Manila, and from the first pupil nurse of the school, Miss Shattuck, who is still doing some work in California. The training school was established in 1887 with seven pupils and now has over sixty enrolled. Greetings were sent by telegram to the absent president, Miss Burdette. The May meeting was held at the dormitory on the 6th. Miss Griswold reported the sum of \$425 as the result of the work of the alumnae at the Spring Festival of the hospital board held at the Rittenhouse, April 29-May 1. The nurses had charge of the doll booth. After the business meeting, Mabel Dickey, a returned missionary teacher from Egypt, told of mission work there.

## MICHIGAN

THE ELEVENTH ANNUAL MEETING OF THE MICHIGAN STATE NURSES' ASSOCIATION AND THE SECOND ANNUAL MEETING OF THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION were held in Ann Arbor, May 4, 5 and 6, in the Barbour Gymnasium, Sarah Caswell Angell Hall. On May 4, after the invocation by Rev.



L. A. Barrett, a warm address of welcome was delivered by President H. B. Hutchins, University of Michigan. Following the reports by officers and committees, the president, Ida M. Barrett, read her annual address in which she referred to the loss of Elizabeth A. Greener, by removal from the state, the death of Isabel McIsaac, and the brave work of Michigan nurses in foreign Red Cross service. Annie M. Coleman, State Inspector of Training Schools, reported that 600 copies of the new curriculum had been sent out, that 67 per cent of the nurses graduating since 1912 have taken the State Board Examination and that twelve schools have not sent nurses to take the examination. A parliamentary drill was then conducted by Mrs. Emma A. Fox of Detroit. A luncheon was given in honor of the retiring members of the State Board of Registration, Mrs. Elizabeth Tacey and Dr. Arthur Scidmore, also to the new members, Emily A. McLaughlin and Dr. Reuben Peterson. At 4.15 p.m. a delightful organ recital was enjoyed at the Hill Auditorium, by courtesy of the University School of Music. At 8.00 p.m. an illustrated lecture on Causes of Insanity was given by Dr. A. M. Barrett, professor of psychiatry and diseases of the nervous system, University of Michigan. Edna L. Foley, Superintendent Visiting Nurse Association, Chicago, spoke of the 3,000,000 sick daily in the United States and that only 10 per cent are provided for in hospital beds; as only 10 per cent of the working people in this country earn over \$800 a year in wages, there is necessity for the public health nurse. The association voted to become a corporate member of the National Public Health Organization.

On May 5, an illustrated lecture was given by Dr. Reuben Peterson, professor of obstetrics and gynecology and medical director of University Hospital. Subject, Relation of the Nursing Profession to the Cancer Propaganda, and Institutional Treatment of Contagious Diseases. Sarah Burrowes, Social Worker, University Hospital, spoke on Hospital Social Service. Her comparison of the old-fashioned family physician and his intimate knowledge of the family with the hospital situation where the busy physician can only treat the disease, clearly demonstrated the need for the social worker in a hospital. Anna Schill, delegate, presented the report for the State Federation of Women's Clubs.

At 2.00 p.m. the subject of Vocational Training for Women was presented in an admirable address by Prof. A. S. Whitney. Alice Lake, Assistant Principal of Farrand Training School followed with an excellent paper on The Nursing Profession as a Vocation for Women. This program was planned by the State League. Agnes G. Deans, chairman, affiliation committee, reported that a fund would be required to meet the expense of developing a plan for forming district organizations. The association voted to allow \$200. A pleasant social event was the tea given by the Washtenaw County Graduate Nurses' Association, assisted by members of the Women's League and student nurses from the hospitals.

In the evening the surgical amphitheater, University Hospital, was overcrowded by doctors, students and nurses who watched with intense interest a demonstration, planned by the State League, given by nurses from five different cities.

On Wednesday afternoon Annie M. Coleman, presided at the second annual meeting of the State League of Nursing Education. The report on the revision of constitution and by-laws was adopted. Jane Pindell, chairman, presented a report on University Extension Work, covering a survey of thirty-three educational centers in the United States. Twenty-seven universities have organized

twelve training schools for nurses, six preparatory courses, five extension courses and fourteen special (social service, public health, economics.) The membership has increased and in Detroit the members are forming a city league.

On May 6, an excellent paper was read by Carol F. Walton, secretary, on Work of the State Tuberculosis Association. Only five hundred beds are available in sanatoria. There are eight fresh air schools. The State Board of Health has recently been allowed \$100,000 to fight tuberculosis, and a state nurse is soon to be appointed. Governor Ferris has given the work his endorsement in a public proclamation. Michigan has a very active Red Cross Committee under the leadership of Mrs. L. E. Gretter, who stands for a high type of service. She reported that the nurses were highly complimented during the G. A. R. encampment in Detroit and Michigan nurses are bearing their share of the burden abroad in the same spirit as the men who serve in the trenches. After the election of officers and adoption of resolutions a tour of the University Buildings was enjoyed.

The convention arranged by the two executive boards with Miss Pemberton as chairman, was voted one of the best that the nurses have attended. Each one received help and inspiration for her future work. Kalamazoo was selected for the convention city in 1916. Officers were elected as follows:

Michigan State Nurses' Association: president, Ida M. Barrett, Grand Rapids; vice-presidents, Elizabeth Parker, Lansing; Mrs. Mary Foley, Houghton; treasurer, Kittie Hart, Saginaw; recording secretary, Mary Welsh, Grand Rapids; corresponding secretary, Mrs. R. K. Wheeler, Port Huron; councilors, Mrs. L. E. Gretter, Detroit; Sarah Sly, Birmingham.

Michigan State League of Nursing Education: president, Annie Coleman, Lansing; vice-president, Mrs. L. E. Gretter, Detroit; secretary, Mrs. Mary Lovering, Detroit; treasurer, Amanda Judson, Ludington; chairman, credential committee, Emma Cross, Ypsilanti.

**Detroit.**—THE WAYNE COUNTY NURSES' ASSOCIATION held an adjourned meeting, May 9. The action of the executive board in hiring a second assistant for the directory, was ratified, and the members voted to send a gift of \$10 to the State Nurses' Association. The president, Zoe La Forge was instructed to appoint a chairman for the library committee, to succeed herself, and the committee was authorized to use a part or all of the \$25 recommended last year, for books for Wayne County Nurses' Library. The registrar gave a report of total number of calls received, four hundred and nine. Owing to the increased work transacted at the directory office, with the corresponding increase in the incoming and outgoing telephone calls, a second telephone was installed May 1 for outgoing calls.

AT THE MEETING OF THE EXECUTIVE BOARD OF THE WAYNE COUNTY NURSES' ASSOCIATION held April 28, ninety applicants were elected into membership.

THE REGULAR MEETING OF ST. MARY'S HOSPITAL ALUMNAE was held at Palmer Avenue Nurses' Club, April 8. A miscellaneous shower was given by the Palmer Avenue Nurses' Club to Vera Carter. The alumnae was well represented and the occasion greatly enjoyed by all. Veronica Brennan entertained the class of 1912, April 17, in honor of Charlotte Malin.

THE TWENTY-FIFTH ANNUAL COMMENCEMENT EXERCISES OF THE GRACE HOSPITAL TRAINING SCHOOL FOR NURSES were held in the Westminster Church, May 27. Following the exercises a reception was held at the Helen Newbury Nurses' Home. Nellie Gerard, of Windsor, left recently with a Canadian contingent to assist in Red Cross work. At the meeting of the Alumnae, April 13,

Ruth Holdridge was appointed delegate to the American Nurses' Association to be held in San Francisco, June 20-26. Mary F. Brown was appointed alternate.

INDIVIDUAL NURSES AND ORGANIZATIONS at Port Huron, Saginaw, Bay City, Calumet, Ann Arbor, Grand Rapids, Ypsilanti, Wyandotte, Windsor, and Detroit, enlisted in last winter's campaign for the sale of calendars, the proceeds of which are to be used by the American Nurses' Relief Fund. Seven hundred and thirty calendars were shipped to Michigan and distributed to the above named places. It is not known just how many calendars were sold, but \$255.67 was sent to the treasurer of the American Nurses' Association. The Nurses feel, notwithstanding the many calls from other sources for money along charitable lines, that the calendars sold well, and thank all for their coöperation in this, our own, philanthropy.

THE GRADUATING EXERCISES OF THE FARRAND TRAINING SCHOOL FOR NURSES, Harper Hospital, were held at Wayne County Medical Society Auditorium, April 21. The class numbers twenty-eight members. Margaret Craig, graduate of the Royal Infirmary, Glasgow, Scotland, has returned to England to enlist in Red Cross work. Agnes Hannon, graduate of Bethnal Green Infirmary, London, England, who has been nursing in Tampa during the past winter, sailed for France, February 27, to care for wounded soldiers.

Flint.—THE GRADUATING EXERCISES OF THE HURLEY HOSPITAL TRAINING SCHOOL FOR NURSES, were held May 19 at the Elks' Temple. There were nine nurses in the class.

#### MINNESOTA

THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION held its eleventh semi-annual meeting in Minneapolis, April 20. According to the usual custom this meeting was social in its nature. A luncheon was served at the Hotel Radisson, at which there were present eighty nurses. The secretary's report showed that since the annual meeting in St. Paul in October, when the change in Constitution and By-laws was made providing for corporate as well as individual membership, eighteen alumnae associations have joined the state organization, aggregating six hundred and thirty-six members, while the individual membership has dropped from one hundred and thirty-five to about twenty-five. The question of organizing a State Public Health Nurses Association, to be affiliated with the state Association was discussed. Miss Kellar, chairman of the American Hospital Association, asked that interest be taken, and exhibits sent to the non-commercial exhibit to be held in San Francisco. After the luncheon a most interesting and helpful talk was given by Prof. H. J. Fletcher of the Law School of the University of Minnesota on Legal Questions of Interest to Nurses. He spoke of the Harrison Drug Act, and advised them to inform themselves of the features of this law that might concern them, and especially warned them against evading the law in any way, or for any purpose.

#### MISSISSIPPI

THE STATE BOARD OF EXAMINERS FOR NURSES will meet in Jackson, Mississippi, at the State Capitol on the first Monday in July, 1915, to examine nurses who desire to register in Mississippi, and who are not eligible under the waiver.

M. H. TRIGG, *Secretary-Treasurer*,  
Sanitarium, Greenville.

## MISSOURI

THE PRIVATE DUTY NURSE SECTION OF THE MISSOURI STATE ASSOCIATION has elected the following officers: president, Elizabeth A. Doran, St. Joseph; vice-president, Lulu G. Bender, St. Louis; secretary-treasurer, Lucy Walters, 4035 Agnes Avenue, Kansas City.

St. Louis.—THE ST. LOUIS LEAGUE FOR NURSING EDUCATION has amended its constitution and by-laws to conform with the National. The League has asked Kansas City to cooperate in forming a state league.

TESSA MITCHEL AND AMELIA HAGEMAN, graduates of the St. Louis Training School for Nurses, have accepted positions at the Barnes Hospital.

THE LOCAL RED CROSS COMMITTEE entertained Nellie Heinzelman of St. Luke's, Minnie Hermann, of the Lutheran, Anna C. Robinson of the Jewish Hospitals, and Esther Cousley and Anna R. McCallach, of the Baptist Sanitarium, at a farewell dinner previous to their departure for New York, to sail under orders in the Red Cross Nursing service.

THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its annual bazaar February 17, for the benefit of the scholarship and relief fund, realizing \$1830.

St. Joseph.—SALLIE BRYANT, president of the State Nurses' Association, will act as delegate to the National Convention in San Francisco, in place of Nan L. Dorsey, who resigned. The nurses of St. Joseph anticipate with pleasure the expected visit of Sophia F. Palmer, editor of the AMERICAN JOURNAL OF NURSING.

Kansas City.—THE UNIVERSITY HOSPITAL ALUMNAE ASSOCIATION held a social meeting at the Club House, April 13, to meet Ella P. Crandall, the superintendent of the training school, and senior class. A paper was read by Mary Morgan, class of 1897, on The Nurse, which was very interesting, particularly to the older graduates. A large number of nurses assembled at the Club House, April 20, to welcome Clara Tulloss, one of the Red Cross nurses recently returned from Servia. Miss Tulloss has fully recovered from an attack of typhus, and has accepted the position of assistant superintendent of nurses at St. Luke's Hospital.

THE GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting May 10, and elected the following officers: president, Alice Drennan; vice-presidents, Mary Ehrenhofer, Theresa Silkey; recording secretary, Edna Hardman; corresponding secretary, Eleanor Burns; treasurer, Blake Gann; chairman printing committee, Clara Crowe; visiting committee, Mary Quigley. Clara Slusher, who was invalidated home because of typhus fever, gave an interesting account of her work. Refreshments were served.

## MONTANA

THE MONTANA STATE NURSES EXAMINING BOARD, will hold its annual meeting and examination for the registration of nurses, June 14, 15, 16, beginning at 9 a.m. at the State Capitol, Helena, Mont. For information address N. Lester Bennett, R.N., Secretary-Treasurer, Bennett Hotel, Butte, Montana.

## NEBRASKA

THE NEBRASKA STATE BOARD OF NURSES' EXAMINERS will hold examinations for nurses at the State House, Lincoln, June 15-16, instead of May 6 and 7, as previously announced.

GRACE V. BRADLEY, R.N., *Secretary*,  
Lister Hospital, Omaha, Nebraska.

## NEW HAMPSHIRE

**Franklin.**—The graduating exercises of the FRANKLIN HOSPITAL TRAINING SCHOOL were held April 15, in the opera house. After the exercises, a reception was held in the G. A. R. hall by the class in which were five graduates.

## NEW JERSEY

THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold an examination for the registration of nurses on June 15, 16 and 17, 1915, if the number of applications warrant it, at the State House, Trenton. Applications must be filed with the secretary-treasurer, Jennie M. Shaw, R.N., 487 Orange Street, Newark, N. J.

**Orange.**—THE GRADUATING EXERCISES OF THE MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, were held April 29, at the Women's Club, East Orange. Fifteen nurses were in the class. Mary B. Campbell read the class essay.

It has been definitely decided that the Annual Council of the Guild of St. Barnabas for Nurses will not be held in San Francisco, as originally planned, to coincide with the other National organization meetings. Many branches felt that the expense of sending their representatives so far was greater than they could meet. Some had been devoting their energies so greatly to Red Cross work that nothing was left for delegates, and as business is brought up at these meetings, which is too important to be decided by only a small proportion of represented branches, the executive officers have deemed it wiser to make the change. It has long been the wish of the Guild at large to affiliate with the American Nurses' Association. Difficulties in each constitution have hitherto barred the way; but it is hoped that some method may be devised by which the union may be effected, and that the subject may be brought up at the convention.

A SPECIAL MEETING OF THE BOARD OF DIRECTORS OF THE STATE ASSOCIATION, was held in Newark, May 5, to discuss the advisability of having the association represented at the presidents' council of the State Federation of Women's Clubs, to be held in Atlantic City. It was decided that the president, Arabella R. Creech, should attend the council. In addition to the officers of the State Nurses' Association, elected April 6, the following chairmen of standing committees were appointed: printing, Mary J. Stone, Hackensack Hospital, Hackensack; membership, Annie J. Curry, 109 Essex Avenue, Orange; ways and means, Martha W. Moore, Maplewood; Red Cross, Emily A. Jummel, 754 Wright Avenue, Camden; public health, Annie Mackay, 16 Camp Street, Newark.

**Hackensack.**—THE NURSES ALUMNAE ASSOCIATION OF THE HACKENSACK HOSPITAL, held its semi-annual meeting in the reception room of the hospital, May 3, Irene Brewster presiding. Anna Scott, the delegate to the New Jersey State meeting at Elizabeth read an interesting report. Helen Stephen, chairman of the New Jersey Red Cross Association, gave a talk on her work which is especially interesting to all nurses at this time. Tea was served in the dining room.

## NEW YORK

**New York.**—THE NURSING AND HEALTH SECTION OF THE ALUMNI CONFERENCE OF TEACHERS COLLEGE held round tables on February 19 and 20. The first of these dealt with The Teaching Problems of the Public Health Nurse, Bessie LeLacheur presiding. Reports from members in the field show that many calls



are coming for classes and lectures dealing with varied topics. These requests come from sewing societies, settlement house, camp fire girls, Y. W. C. A. classes, mothers' clubs of all types, teachers' institutes, normal students, parent-teachers' associations, factory girls, shop-girls, etc. Groups of nurses are taught the principles of visiting nursing, city problems, child welfare and some of the principles of teaching. One member speaks of lectures on visiting nursing to medical students. The groups are large and small, composed of people of all ages, social types, languages, and all grades of intelligence. The methods found to be most successful for the larger groups are the talk or class, accompanied, if possible, by a demonstration or stereopticon views, and for the smaller groups and individuals, the conference or personal talk. Health exhibits are recommended for the very large groups. The main difficulties seem to be the lack of preparation for teaching, the difficulty of securing good reference-books to consult and of getting time to properly prepare for classes. In the general discussion which followed the report, it was agreed that the public health nurse should, wherever possible, take advantage of the special courses offered in public health work. If she cannot do this, she should by reading and attending lectures prepare herself to the fullest extent for teaching. The importance of continued efforts, of practice in teaching and speaking was emphasized, and it was suggested that the nurse should not overlook the value of demonstration. Because of the generally accepted need of a bibliography, covering all subjects on which the public health nurse may be called upon to speak and the importance of outlining her subjects, thus presenting her facts in logical order, Miss Amerman was appointed chairman of a committee to work toward this end.

A conference for superintendents and instructors of schools of nursing was held on the same evening, Miss Clayton presiding. Many topics had been sent to the chairman for discussion, but that of Shorter Hours for Nurses seemed the most vital and was discussed from the following standpoints: Recent investigations showing the effect of long hours of work on women in other occupations as well as nursing; conditions and demands in training schools for nurses calling for a shorter working day such as the character of the work, the need for the highest efficiency, the need of attracting more and better women, the need of adequate time for educational work, the responsibility of the hospital to give shorter hours and better educational facilities to the nurse; experiments in individual schools as to what has been done about reducing hours and suggestions as to what can be done. Effie Taylor of Johns Hopkins Hospital presented a paper upon the first topic for discussion. Data taken from a pamphlet issued by the Consumers' League of Philadelphia showed that in labor centers, the first step was investigation; second, experimentation showing results; third, education of public opinion; fourth, legislation. At present only one state controls the hours of duty for pupil nurses, but as far as the Federal Government is concerned, we come under some, at least, of the labor laws, and is there not danger that unless we move rapidly, some other body of women perhaps, seeing the ill effect of long hours on duty for nurses, will take that privilege away from us, and force us by labor laws to conform to what we should recognize and control? Elizabeth E. Burgess of Chicago, presented a paper concerning the conditions and demands in training schools calling for a shorter day. Sara E. Parsons, of the Massachusetts General Hospital, stated that she felt the subject of shorter hours for nurses to be one of the most important that could be considered, that we should aim to give our nurses not more than 56 hours weekly, inclusive of all

classes. The necessity for legislation on the subject of hours is to be deplored as it is bound to drag us down, and our work is such that in emergencies we should be allowed to work longer. If, however, hospitals do not bestir themselves to create more favorable conditions, trade unions will do so, as there is no way to prevent legislation ultimately unless we create such conditions voluntarily as will make it obviously absurd to consider legislation. Louise M. Powell of the University of Minnesota gave an outline of the shorter hour system as worked out in that institution, proving its value both to patients and nurses. The paper by Louise Powell on Existing Affiliations between Schools of Nursing and Universities gave a very comprehensive survey of the various types of nursing courses in which there is more or less definite connection with universities. It is perfectly evident that in several cases this connection means nothing more than a name, that university standards of admission do not prevail, that while some of the teaching may be given by officers of the university, the amount or character of the teaching is not different from that done in any other school. Where there is real organic connection with the university, the advantages of university connection are many. Some of the practical problems arising from such affiliations were presented by Helen Bridge (Washington University Hospital); Miss Bailey (Robt. W. Long Hospital), Indianapolis; Helen Wood, Children's Hospital, Boston; Alice Smith, University of North Dakota and Miss Evans of Cleveland.

Some of these problems related to the administrative arrangement and some to teaching. The lack of sufficient time is one familiar difficulty, the importance of getting close coordination between theory and practice, the adjustments of the crediting system to cover the practical work in the hospital as well as the class work, are others. Where preliminary courses alone are given and where they are optional, the main problem is to attract enough students to make the course worth while.

Miss Hall then took the chair and called upon Dean Russell who introduced the topic of The University and Nursing Education. Beginning with the statement that the function of the University is to teach whatever the public needs, to train leaders for social service, Dean Russell took up the meaning of social service in its larger aspects. He traced the origin of many of the commoner forms of social service to private and voluntary organizations whose primary motive was probably narrowly partisan but who nevertheless made many serviceable contributions to human welfare. The tendency of all types of education as of many other social institutions is to pass over from personal or group management to state or national control. Nursing education came into existence to meet a special need and has until the present time been largely under individual, sectarian or commercial control. This is the first stage in its evolution. (The recognition of the nurse as an educator and a public servant, makes it imperative that the state shall eventually control nursing education.) It is Dean Russell's belief that the nursing education of the future may develop radically different aspects, that the educational function of the nurse will be magnified and that many of the present features of nursing work, even the name itself, may eventually disappear. Constructive leadership in all these developments will undoubtedly come from the University and the larger growth will come about through coöperation with all other branches of public service. No educational group can be isolated by itself, all will be welded together into one great educational system, performing a social service whose reach is beyond our present comprehension.

The Saturday morning session began with a brief business meeting at which Susan Watson presided. Miss Parker reported that the Loan Fund had reached the sum of \$1190, \$110 having been contributed by the Nurses' Club of 1912-1913. The fund has already proven its usefulness, several loans having been made. The publication committee reports that the pamphlet on Opportunities is now in its tenth thousand. Another pamphlet dealing with post-graduate courses for nurses is in process of preparation. Several matters of business were referred to the executive committee for final decision. Miss Nutting concluded the session by a summary of the developments in the department during the past year, a few interesting items of news regarding former students and members of the alumnae, and a short review of the significant changes of the past year in the general field of nursing. The members then adjourned to The Bancroft where luncheon was served, Miss Goodrich presiding.

THE NEW YORK LEAGUE OF NURSING EDUCATION held its annual meeting at the City Hospital, Blackwell's Island, May 5. The publicity committee reported that seven talks had been given to high schools students on Nursing as a Vocation. The chairman recommended this method as an effective means of getting proper information before future applicants. Other publicity methods were discussed and several members volunteered to each raise the sum of \$16 toward a contribution to be used for magazine articles. Miss Parsons discussed Plan II of the preliminary course as published in the twentieth annual report of the National League. This provides for probationers having assigned duties on the wards daily for a period of four hours, also a total number of two hundred and seventy hours of class and lecture periods during the four months' preparatory course. Miss Parsons favored the plan of head nurses assisting with the teaching in the special subjects of instruction in which they have direct supervision on the wards. Amendments to the by-laws which made provision for associate membership, whereby workers in social service, educational and preventive nursing are eligible, were passed. The annual dues were raised to one dollar. The following officers were elected: president, Elizabeth A. Greener; vice-president, Florence Johnson; secretary, Katherine Decker; treasurer, Margaret Dudley.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION will hold its annual meeting on June 1 at the Academy of Medicine, to elect officers, amend the by-laws and hear the report of the legislative committee. At the meeting on April 6, the proposed changes in the by-laws were read and Miss Goodrich gave a report of the legislative work. Dr. Leiser of the Public Health Education Department of the Health Board gave an illustrated lecture on Patent Medicines.

CENTRAL CLUB HEADQUARTERS will be maintained at 54 East 34th Street until the new club house shall be finished. Although the lease has not been renewed, it is possible for members to obtain rooms there or to consult a list of investigated rooms outside. War Relief Headquarters at the Club will now be discontinued. Great quantities of supplies have been forwarded to the warring countries through the Red Cross. During April a party was formed to visit the Red Cross shipping station at Bush Terminal, the Colgate factory, and the East River homes, including the Junior League Hotel for Women. The social activities of the Central Club have included a dance at the Hotel Mar-seilles which netted over \$400. During May tea was served on Friday afternoons to members and their friends. A photo drama of Creation was given one evening.

THE ALUMNAE ASSOCIATION OF THE NEW YORK POST GRADUATE HOSPITAL

is sending M. Agnes Gibney as a delegate to California. Members living on the coast will also serve as delegates. The alumnae gave a dance at the Hotel Mar-seilles on the evening of April 14. Commencement exercises for this year's class of thirty-nine members were held at the Margaret Fahnestock Training School on the evening of April 6. Among the speakers were Rev. John C. Fagg, Dr. Edward Quintard, Dr. George Gray Ward, Jr., Robert E. Todd and Anne W. Goodrich.

HAHNEMANN HOSPITAL graduated a class of fourteen nurses on the evening of May 17, the exercises being held in the Seventh Regiment Armory. The address was by W. H. Conley, M.D. The diplomas were presented by James G. Cannon and the badges by William H. Van den Burg, M.D. Dancing followed the exercises. Alice I. Twitchell, superintendent of the training school, who has been engaged in executive positions in training schools and hospitals in New York and Illinois for the past twenty-five years, will retire from active work in June and will take a much needed rest. She will be in Middlebury, Vermont, for the present. Isabella C. Turner, who has been the first assistant superintendent of the school for the past six years resigned recently to be married. Jane F. Brackebush, a graduate of the training school, who was in charge of the maternity ward for one year and who has been second assistant superintendent for two years, has resigned and will do private nursing for the present.

THE NEW YORK HOSPITAL ALUMNAE ASSOCIATION has issued its annual report which gives, in convenient form, lists of officers and members, with addresses, and the reports of secretary and treasurer.

JANE ELIZABETH HITCHCOCK, who has had leave of absence from her work at the Henry Street Settlement for some time, has now resigned her position of superintendent of nurses. Her work in this capacity and as secretary of the State Board of Nurse Examiners has been invaluable and she will be greatly missed. California nurses are, however, congratulating themselves on having her in their midst.

ST. LUKE'S HOSPITAL held graduating exercises for a class of twenty-nine on the evening of April 14 in the chapel of the hospital. Dean Grosvenor gave the address. A supper and dancing followed.

**Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE LONG ISLAND COLLEGE HOSPITAL has elected the following officers: president, E. Violetta Toupet; vice-presidents, Mrs. Jessie Cavens, Christine Sutherland; treasurer, Mary C. Fraser; secretaries, Eleanor Driscoll, Anna Burgess; directors, Charlotte Taylor, five years, Mabel Phelps, two years. Miss Toupet has been president of the Kings County Association and her familiarity with such duties, with her well-known energy, admirably adapt her for the position. A vote of thanks accorded the retiring officers was well deserved. Miss Hoge, chairman of the entertainment committee, reported a dance and a series of teas for the past season. Emma Everhard, who had recently returned from Red Cross service in Serbia, gave a graphic account of her experiences.

**Rochester.**—This city has won both the state and national pennants awarded for having sold the greatest number of Red Cross seals per capita for cities of its class in the state and nation.

HAHNEMANN HOSPITAL held graduating exercises for a class of eleven in the ball room of the Powers Hotel on May 11. The principal address was given by Dr. Henry Applegarth.

THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual

meeting at the Nurses' Home on April 8. Two delegates were nominated to attend the San Francisco convention, Miss Lutes and Miss Widman. One hundred and fifty dollars was appropriated for Dr. Fitch's hospital in France. The following officers were elected for the coming year: president, Mrs. Nellie C. Lindsay; first vice-president, Linda Baker; corresponding secretary, Katherine Weldner; treasurer, Mrs. Henry Jesserer.

THE ROCHESTER HOMEOPATHIC HOSPITAL held graduating exercises for a class of eleven nurses in the Eastman Home on the evening of May 11. The address was given by Rev. Z. S. Farland. Dr. Charles R. Sumner presented the class and Mrs. Martin W. Cooke presented the diplomas.

THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held a reception for the graduating classes of all the training schools of the city on the evening of May 4. An address was given by Bertha J. Gardner of the JOURNAL staff.

**Buffalo.**—THE BUFFALO HOMEOPATHIC HOSPITAL held graduating exercises on the evening of May 20, in the Buffalo Seminary.

THE ALUMNAE ASSOCIATION OF THE BUFFALO HOSPITAL OF THE SISTERS OF CHARITY held its regular meeting on May 11, at the hospital, Miss Turner, the vice-president, in the chair. Letters were read from Miss Bundy and Miss Scanlon, who are in Belgrade, Servia. The Nurses' Aid Society of the hospital held its annual election in the Green Room of the hospital, when an enjoyable evening was spent. Katherine Shaddock, president of the association, is taking a post graduate course at the Massachusetts General Hospital. Katherine Danner has resigned her position as chief nurse at the State Laboratory for the study of malignant diseases.

THE BUFFALO NURSES' ASSOCIATION has moved to its new quarters, 131 Linwood Avenue, where the regular monthly meeting was held on May 10, Mrs. Fehr presiding. Kate Kennedy read letters from Miss Bundy and Miss Scanlon. A reception was held for Carolyn Bill and Miss M. Sturtzer, members of the association who sailed for Austria on May 16, under the American Red Cross.

#### NORTH DAKOTA

THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its third annual meeting at Grand Forks, April 27-28. Following the invocation by Rev. W. H. Matthews, addresses of welcome were made by Dr. H. E. French, and the president of the Federation of Women's Clubs, Mrs. Frank L. McVey. Response was by the secretary-treasurer, Frances Riordan. In the absence of the president, Bertha Erdmann, her address was read by the vice-president. At the close of the morning session, a telegram of interest and sympathy was sent to Miss Erdmann, who is ill at the Agnes Memorial Sanatorium, Denver, Colorado. The association feels deeply indebted to Miss Erdmann for her faithful work in the interests of North Dakota nurses. At the afternoon session, reports of committees were read, also a memorial to Isabel McIsaac, by Annabel Foss. After adjournment the nurses were shown through the various buildings of the University, and after supper at the University Commons, an informal "Get acquainted" gathering was held in Davis Hall. The next morning's session was opened with a report from the auditors. An address on State Registration by Pearl Weed was followed by general discussion. A paper on Obstetrical Nursing was read by Elizabeth Bartle; Mabel Olson, official correspondent spoke of the JOURNAL. At the afternoon session M. Beatrice Johnstone, superintendent of



schools of Grand Forks County, gave an address on The Nurse as a Factor in the Community. The election of officers resulted as follows: president, Mabel Olson; vice-presidents, Louise Hoerman, Angela G. Boleyn; secretary-treasurer, Frances Riordan; corresponding secretary, Ethel Stanford; members of executive board, Hildor Strom, Minnie Traynor, Mary L. Hanson and Sondrine Norgaard. The next annual meeting will be held at Minot. In the evening a banquet at the Hotel Dacotah was attended by seventy-five nurses and guests. The membership of the association was increased by addition of forty new names, making a total of two hundred and thirty-two.

**Grand Forks.**—THE OFFICERS OF THE DIVISION OF MEDICINE, UNIVERSITY OF NORTH DAKOTA, have decided to change the course of education for nurses, from one year to two.

THE NORTH DAKOTA BILL FOR STATE REGISTRATION, was approved by the Governor, March 9, 1915, and reads as follows:

"An Act creating a board of nurse examiners, providing for the appointment of inspectors of training schools, and for the examination, registration and regulation of graduated nurses, and exempting practical nurses from registration, and prescribing the course of study and standard for training schools and prescribing a penalty for the violation thereof.

*"Be it enacted by the Legislative Assembly of the State of North Dakota:*

**SECTION 1. BOARD OF NURSE EXAMINERS; APPOINTMENT.** That a board to be known as the board of nurse examiners of the State of North Dakota is hereby created and established. Said board shall be composed of five members, appointed by the Governor of the state as hereinafter provided.

Upon taking effect of this Act, the North Dakota State Nurses' Association at the annual meeting shall nominate and submit to the Governor a list of ten graduated nurses from which appointment shall be made. Each nurse whose name is thus submitted shall be at least twenty-five years of age, of good moral character and eligible to registration under the terms of this Act. There shall always be two of such members of the board selected from nurses who have had at least two years of experience in educational work among nurses, or who have had two or more years experience in the instruction of nurses in training schools.

**SECTION 2. TERM OF OFFICE; VACANCIES.** Each member of said board shall serve for a term of five years and until her successor is appointed and qualified, except in the case of the first board, whose members shall hold office, as follows: One member for a period of one year; one member for a period of two years; one member for a period of three years; one member for a period of four years; one member for a period of five years; the members and their respective terms to be designated by the Governor.

Vacancies in the said board shall be filled by the Governor in accordance with the provisions of this Act for the establishment of the original board, and persons appointed to fill vacancies shall be selected from a list of three registered nurses submitted by the North Dakota State Nurses' Association, and shall hold office during the unexpired portion of the term for which their predecessors were appointed.

**SECTION 3. ORGANIZATION OF BOARD; OFFICERS.** The members of said board shall, immediately after their appointment, meet for the purpose of organizing, and shall elect one of their number secretary, who shall also act as treasurer of said board. The secretary-treasurer shall give to the state treasurer a bond for the faithful discharge of his or her duties in the penal sum of \$1,000.00 to be

approved by the Governor. The board shall adopt an official seal which shall remain in the custody of the secretary; the secretary shall keep the records and minutes of all meetings of the board, and shall record in a suitable book the names of all nurses and training schools registered under this Act.

**SECTION 4. COMPENSATION; DISPOSITION OF FEES; INSPECTOR OF TRAINING SCHOOLS.** Each member of said board shall receive \$5 per day while actually and necessarily engaged in the performance of the duties of the office, which together with all the legitimate expenses incurred in the performance of such duties shall be paid from fees received by the board under the provisions of this Act, and no part of the expenses of said board shall at any time be paid out of the state treasury. The secretary shall receive extra compensation, not to exceed \$100.00 per annum, payable quarterly. Any money in the hands of the treasurer at the end of any year, in excess of \$250.00 shall be paid over by the said board to the state treasurer to be kept by him for the future maintenance of the board, and to be disbursed by him upon warrants signed by the president and treasurer of said board.

The board shall elect one of their numbers to act as inspector of training schools for nurses.

**SECTION 5. SCHEDULE OF SUBJECTS.** Said board shall examine applicants for registration under this Act upon the following subjects: anatomy and physiology, general medical nursing, obstetrics, materia medica for nurses, general surgical nursing, dietetics, sanitation and hygiene, contagion and diseases of children, bacteriology, ethics.

**SECTION 6. DUTIES OF INSPECTOR OF TRAINING SCHOOLS. COURSE OF STUDY IN TRAINING SCHOOLS.** The member acting as inspector of training schools shall inspect all schools for nurses in North Dakota and shall report to the board such schools as shall provide courses of instruction both practical and theoretical in the subjects mentioned in Section 5 of this Act, except that in the subject of contagion the instruction may be theoretical only, and in addition such schools must have such daily average number of patients as may be determined by the board of nurse examiners.

**SECTION 7. REQUIREMENTS FOR TRAINING SCHOOL FOR REGISTRATION.** Any training school complying with the requirements herein mentioned shall be entitled to registration as an accredited school upon the payment of a fee of \$25.00 to the secretary of the board, provided that in the event that any such school shall subsequently become disqualified by failure to comply with the terms and conditions required upon registration, the board shall have the power to cancel their registration, and thereupon such school shall no longer be an accredited school under the provisions of this Act.

**SECTION 8. MEETING OF BOARD OF EXAMINERS.** Such board shall hold two regular examinations in each year, and such additional meetings at such times and places as it may determine. Notices of such examination shall be published in at least two newspapers of general circulation in the state, and in at least one nursing journal, at least thirty days previous to such meeting, such notice shall be mailed to each person who has made application for examination under the provisions of this Act at least twenty days prior to such examination. Applications for examination must be in the hands of the secretary at least ten days prior to the date set for examination.

**SECTION 9. QUALIFICATIONS OF APPLICANTS.** Any person desiring to practice professional nursing in this state shall make application to said board as

provided in Section 8 of this Act, and shall pay to the secretary at the time of making application for registration the sum of \$10.00 as an examination fee, and shall present himself or herself at the next regular meeting of said board for the examination of applicants, and said board shall proceed to examine said applicant, and upon said board being satisfied that: (1) Said applicant is of the age of twenty-one years or over; (2) of good moral character; (3) has received the education required for admission into the high schools of the state and (4) has graduated from a training school connected with a general hospital, where three years of training in a systematic course of instruction is given in the hospital, or has graduated from a training school in a hospital of good standing, supplying the systematic three years' training corresponding to the above standards, which training may be received in two or more hospitals; and providing that the results of the examination show a general average of seventy-five per cent or more and not below sixty per cent in any subject, said board shall enter the applicant's name in the register, hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practice as a registered nurse.

**SECTION 10. WAIVER. WHO MAY BE REGISTERED WITHOUT EXAMINATION.** All persons graduating prior to January 1, 1917, possessing the above qualifications shall be permitted to register without examination upon the payment of registration fee. Nurses who shall show to the satisfaction of the board of examiners that they are graduates, prior to the year 1916, of a training school connected with a general hospital or sanitorium, giving two years' training; or prior to the year 1899, giving one year's training; and are engaged in the profession of nursing in the State of North Dakota at the date of the passage of this Act, or have been engaged in nursing five years after graduation prior to the passage of this Act, shall be entitled to registration without examination, provided such application be made before January 1, 1917.

**SECTION 11. RECIPROCITY. APPLICANTS REGISTERED IN OTHER STATES.** The board of examiners may issue licenses without examination upon the payment of ten dollars registration fee to applicants who have been registered in other states in which the registration of this state is recognized and having equal registration requirements.

**SECTION 12.** On and after January 1, 1917, all applicants for certificates of registration under the provisions of this Act, shall pass the examination required by the board, before receiving a certificate of registration.

**SECTION 13.** It shall be unlawful hereafter for any person to practice professional nursing as a registered nurse without certificate as herein provided for.

**SECTION 14. CERTIFICATE OF REGISTRATION RECORDED; FEE.** Every person to whom a certificate of registration shall have been issued shall within thirty days thereafter, cause the same to be recorded in the office of the register of deeds of the county in which such person resides, and shall pay to such register of deeds the required fee for recording the same, and said fee shall be turned into the general fund of the county.

**SECTION 15. PRACTICAL NURSES EXEMPTED.** This Act shall not be construed to apply to gratuitous nursing of the sick by friends or members of the family, nor to any practical nurse or person nursing the sick for hire who does not pretend to be a registered nurse.

**SECTION 16. NAMES TO BE ENTERED ON REGISTER.** The board shall keep a register in which shall be entered the names of all persons to whom certificates are issued under this Act, and said register shall be at all times open to public inspection.

SECTION 17. REGISTERED NURSE. A person who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R.N. or any other letters or figures to indicate that he or she is a registered nurse.

SECTION 18. BOARD MAY REVOKE CERTIFICATE FOR CAUSE. The board shall have the power to revoke any certificate issued by said board in accordance with the provisions of this Act for the following causes: gross incompetency, dishonesty, or any act derogatory to the morals or standing of the profession of nursing as may be determined by the board; provided that such revocation shall only be made upon specific charges in writing, under oath, filed with the secretary and by a majority of the whole board, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the board of examiners of other states upon the written request of such board.

SECTION 19. PENALTY FOR VIOLATION. Any person violating any of the provisions of this Act, or who shall wilfully make a false representation to the board of examiners in applying for a certificate shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than \$100 and not less than \$10.

#### OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held a special meeting in Columbus on March 15, at the request of fifteen members, for the purpose of giving the members an opportunity to discuss the bill for registration then pending in the legislature. Minutes were read of the various meetings of the executive committee. The legislative committee gave a full report of its meetings and work up to date. After a general discussion, the association instructed the legislative committee to continue its efforts in behalf of the bill. The bill passed both houses and was signed by the Governor on May 3. The members feel that while it is not just what they had hoped for, it is the best bill procurable under the existing constitution. A special meeting of the State Association was called to be held in Columbus May 24 for the purpose of nominating members to serve on the Examining Board, which consists of the secretary of the State Medical Board, an entrance examiner and three nurses, said committee to be employed by the State Medical Board.

THE BILL FOR THE REGISTRATION OF NURSES, signed by the Governor, May 3, reads as follows:

A Bill to regulate the practice of nursing in the State of Ohio.

*Be it enacted by the General Assembly of the State of Ohio:*

SECTION 1. Within sixty days after this act becomes operative the state medical board shall employ a secretary entrance examiner and three nurses; said three nurses with the secretary of the state medical board shall constitute the nurses' examining committee, this committee to be chosen from ten nominations made by the Ohio Association of Graduate Nurses. The secretary of the state medical board shall be the secretary and executive officer of the committee. One nurse shall be employed for one year, one for two years, and one for three years and thereafter as the term of any nurse expires a successor shall be employed in the manner hereinbefore specified for a term of three years. One of

the nurses so employed shall be designated as chief examiner. The secretary shall have the power to administer oaths. Each person so employed shall file with the secretary an affidavit that she is a resident of Ohio, a graduate of a recognized training school for nurses and in addition thereto, she shall have had not less than five years' experience in nursing.

SECTION 2. Each member of the nurses' examining committee except the secretary shall receive five dollars for each day employed in the discharge of her official duties and her necessary expenses so incurred, except the secretary entrance examiner and chief examiner who shall receive an annual salary, to be fixed by the state medical board, and their necessary expenses incurred in the performance of their official duties.

SECTION 3. The nurses' examining committee shall meet in Columbus on the second Tuesday of January and July of each year, and at such other times and places as the state medical board may direct.

SECTION 4. The secretary of the nurses' examining committee shall keep a record of its proceedings. The secretary shall also keep a register of applicants for certificates, showing the name of the applicant; the name and location of the institution granting her a certificate or diploma of graduation in nursing, and whether she was granted or refused a certificate. The books and records of the committee shall be prima facie evidence of matters therein contained.

SECTION 5. On and after January 1, 1916, no person shall practice nursing as a registered nurse in this state without first complying with the requirements of this act. All graduates in nursing shall either personally or by letter or proxy, present their diplomas to the nurses' examining committee for verification. Accompanying such diploma the applicant shall file an affidavit, duly attested, stating that the applicant is the person named in the diploma and is the lawful possessor of the same. The applicant shall state date of birth and the actual time spent in the study of nursing. If the committee shall find the diploma to be genuine and from a nurses' training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the state medical board, and the person named therein to be the person holding and presenting the same, and that said person has paid the fee as hereinafter provided for the examination of applicants, the committee shall issue a certificate to that effect signed by its secretary and chief examiner; such certificate, when left with the probate judge for record as hereinafter required, shall be conclusive evidence that its owner is entitled to practice nursing as a registered nurse in this state. All other persons desiring to engage in such practice in this state, shall apply to the nurses' examining committee for a certificate, and submit to the examination hereinafter provided, except that all students who were on May 1, 1915, matriculated in a training school for nurses located in the state of Ohio, recognized by the state medical board of Ohio, and who shall have graduated subsequent to May 1, 1915, and who shall file their diploma for registration prior to June 1, 1918, shall receive certificates as heretofore provided. The applicant shall file with the secretary a written application, under oath, on a form prescribed by the state medical board, and provide proof that said applicant is more than twenty-one years of age and of good moral character. The applicant shall file documentary evidence that before matriculating in a training school for nurses, said applicant received an education equivalent to that required for completion of the first year of a high school course of the first grade, in this state, or four units of high school work as defined in the school laws of Ohio, and evaluated by the



entrance examiner of the state medical board in the same manner as provided in section 1270 of the General Code of Ohio, and a diploma of graduation from a training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the state medical board, at the time the diploma was issued. At the time of application the applicant shall present with diploma with the affidavit that said applicant is the person named therein and is the lawful possessor thereof, stating date of birth, residence, the training school or schools at which said applicant obtained education and training in nursing, the time spent in each, the time spent in the study and training of nursing, and such other facts as the state medical board requires. If engaged in the practice of nursing, the affidavit shall state the period during which and the place where said nurse has been so engaged.

SECTION 6. If the committee finds the applicant possesses the credentials necessary for admission to the examination, that the diploma is genuine and was granted by a training school for nurses in good standing connected with a hospital or sanatorium in good standing as defined by the state medical board, that the person named in the diploma is the person holding and presenting it and is of good moral character, the committee shall admit the applicant to an examination.

SECTION 7. The examination of applicants for certificates to practice nursing shall be conducted under rules prescribed by the state medical board. Each applicant shall be examined in anatomy, physiology, obstetrics, bacteriology, hygiene, materia medica, dietetics, practical nursing, and such other subjects as the board and committee may require.

SECTION 8. If the applicant pass such examination and has paid the fee required by law, the committee shall issue its certificate to this effect, signed by its secretary and the chief examiner. Such certificate when deposited for record with the probate judge as required by law, shall be conclusive evidence that the person to whom it is issued is entitled to practice as a registered nurse in this state. An affirmative vote of not less than three members of the committee is required for the issuance of a certificate.

SECTION 9. The nurses' examining committee may refuse to grant a certificate to a person guilty of fraud in passing the examination, or at any time guilty of felony or gross immorality, or addicted to the liquor or drug habit to such a degree as to render said person unfit to practice nursing as a registered nurse. Upon notice and hearing the committee, by a vote of not less than three members, may revoke or suspend a certificate for like cause or causes. Such certificate may also be revoked or suspended on proof of violation of the rules and requirements established by the state medical board regulating the practice of nursing.

SECTION 10. An appeal may be taken from the action of the nurses' examining committee refusing to grant, revoking or suspending a certificate, for the causes named in the preceding section, to the state medical board, whose decision affirming or overruling the action of the committee shall be final.

SECTION 11. Each applicant for a certificate to practice nursing as a registered nurse in this state shall pay a fee of not to exceed ten dollars for examination. The fees for examination shall be paid in advance to the treasurer of the state medical board and by him paid into the state treasury to the credit of a fund for the use of the said board in the enforcement of this act.

SECTION 12. Each person who receives a certificate to practice nursing as a

registered nurse, before beginning to practice must deposit said certificate for record with the probate judge of the county in which said person resides. The probate judge shall record in a book kept for that purpose and indorse on the margin of the record and on the certificate the time when he received it for record and make an index to all certificates thus received and recorded. The probate judge shall also note the revocation or suspension of a certificate. The holder of a certificate must keep said certificate on record with the probate judge of the county in which actual residence is established.

SECTION 13. For services under the provisions of this chapter, the probate judge shall receive from the holder of the certificate a fee of fifty cents.

SECTION 14. During the month of December in each year, the probate judge shall furnish the secretary of the nurses' examining committee a list of certificates recorded and in force, and certificates revoked or suspended.

SECTION 15. The state medical board may dispense with the examination of a nurse duly authorized to practice nursing as a registered nurse in another state, or the District of Columbia, who wishes to remove from such state or district and reside and practice as a registered nurse in this state, upon said nurse complying with the rules and requirements established by the state medical board regulating such matters, and upon the payment of a fee of not more than ten dollars; provided the laws of such state or district require of the nurses practicing therein qualifications of a grade equal to those required of nurses practicing in the state of Ohio, and equal rights are accorded by such state or district to nurses in Ohio holding a certificate of the state medical board who desire to remove to, reside and practice as a registered nurse in such state or district.

SECTION 16. All persons shall be regarded as practicing nursing as registered nurses within the meaning of this act who use the words or letters "R.N.," "Registered Nurse," or any other title in connection with their names which in any way represent them as registered nurses, or who by any means accept employment by representing themselves as registered nurses.

SECTION 17. Nothing contained in this act shall be construed in any way to prevent or prohibit the performance of services either with or without compensation in nursing the sick or injured by any person, provided such services are not performed by such person as a registered nurse.

SECTION 18. The compensation and expenses of the members and officers of the nurses' examining committee, and the necessary expenses of the committee shall be paid from a fund in the state treasury for the use of the board in the enforcement of this act, upon a warrant of the auditor of state, issued upon vouchers signed by the president and secretary of the state medical board.

SECTION 19. The secretary of the nurses' examining committee shall enforce the provisions of the law relating to the practice of nursing in this state. If he has knowledge or notice of the violation of such law, he shall investigate the matter and upon probable cause appearing shall file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct such prosecution.

SECTION 20. Whoever practices nursing as a registered nurse, without first obtaining a certificate from the nurses' examining committee of the state medical board, in the manner required herein or so practices nursing as a registered nurse after such a certificate has been duly revoked or, if suspended, during the time of such suspension, shall be fined not to exceed one hundred dollars. A certificate duly certified by the secretary of the nurses' examining committee to

the effect that it appears from the records of the nurses' examining committee that no certificate to practice as a registered nurse in the state of Ohio has been issued to any person or persons specified therein or that a certificate, if issued, has been revoked or suspended, shall be received as prima facie evidence of the record in any court or before any officer of the state.

SECTION 21. All fines collected under the preceding section shall be paid to the state medical board, and by it paid into the state treasury to the credit of the fund herein provided.

SECTION 22. Nothing in this act shall, in any way, be construed to be in conflict with the laws of this state relating to the practice of medicine and surgery.

THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY, met in regular session at the Nurses Home, April 20. Dr. E. A. Baber, superintendent of the Dayton State Hospital gave an address on Nursing Care of the Insane. Over twelve thousand insane persons are confined in the different institutions in the state. Dr. Baber is trying to establish a training school for nurses in which general nursing care of the insane will be taught. Great advancement has been made by requiring civil service examinations of those desiring to become attendants. Dr. Baber advised all nurses interested in this line of work to study psychology. The experiment of placing women nurses in charge of male patients has been tried in one of the worst wards, and has brought wonderfully good results, in ward behaviour. Ohio superintendents of hospitals for the insane have petitioned the legislature to create the position of Social Worker, the duties of whom would be to organize mental hygiene districts, for the study and promotion of mental health, especially among those predisposed by heredity to the disease. Two new names were submitted for membership.

Dayton.—THE MIAMI VALLEY HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting April 13, the president Mrs. Florence Brower in the chair. Plans were made for the annual banquet and reunion to be held in May. The graduating exercises of the class of 1915 were held May 20. Sixteen nurses graduated.

Cleveland.—THE GRADUATING EXERCISES OF THE LAKESIDE HOSPITAL TRAINING SCHOOL FOR NURSES, were held in the hospital, on the afternoon of May 20, and were followed by a reception in the nurses' home. Twenty-seven nurses graduated.

#### RHODE ISLAND

THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES held its semi-annual examination at the State House Providence, May 6 and 7. Thirty-two nurses presented themselves for examination.

THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held a meeting at the Lying-in Hospital, Providence, on April 29, Inez C. Lord, the president, in the chair. Mary M. Riddle, superintendent of Newton Hospital, Newton Lower Falls, Mass., addressed the League, speaking of the advantages of state registration. A lively discussion followed, showing great interest in the subject as presented. Tea was served by the superintendent of the training school, Alida Young. There was a good attendance.

Providence.—THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the George Ide Chace Home for Nurses on May 4. Resolutions were read on the death of Mary Hunt, a pupil nurse who died at the City Hospital, recently of scarlet fever. Colonel G. Edward Buxton, Jr., of the *Providence Journal* gave a

highly interesting account of his experience as war correspondent during the first five months of the present war. A vote of thanks was given Colonel Buxton. Tea and a social hour were enjoyed in the parlors after the Club adjourned.

THE PROVIDENCE BRANCH GUILD OF ST. BARNABAS FOR NURSES met at St. Stephen's Church, May 6. The Reverend Rupert Noel gave an address, taking as his text, "Thine eyes shall see the King in His beauty." After a brief business meeting Eva Magoon, assistant to the curator of Roger Williams Park Museum, spoke on Some Interesting Trees. Such interest was shown that Miss Magoon invited the guild to a field day at Roger Williams Park, for Bird Study and it is planned to hold such a meeting as soon as it can be arranged.

RHODE ISLAND HOSPITAL held graduating exercises for a class of forty-two on the evening of May 12. Mary E. Wooley, president of Mount Holyoke College, addressed the class, and Jesse H. Metcalf, the new president of the corporation, presented the diplomas.

ST. JOSEPH'S HOSPITAL NURSES ALUMNAE ASSOCIATION met at the Nurses' Home on April 30 and listened to a lecture by the Reverend Father Murray.

THE RHODE ISLAND HOSPITAL NURSES ALUMNAE ASSOCIATION met at the George Ide Chace Home for Nurses on April 20. Mrs. Westcott the president in the chair. Winifred L. Fitzpatrick was appointed delegate to the convention of the American Nurses Association at San Francisco. Arrangements were made for the annual reception to the graduating class, to take the form of dancing and cards to be held in Churchill House, on May 14. Word has been received that Jenna McNulty, class of 1906, Isabel K. Cumming, class of 1908, and Olive L. Niles, class of 1901, of the Rhode Island Hospital, are in the British Army Nursing Corps.

#### TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS will hold its ninth annual meeting in San Antonio, June 15-17.

#### UTAH

**Salt Lake.**—THE GRADUATE NURSES' ASSOCIATION held a meeting April 5 at the rooms of the Young Women's Christian Association, at which Dr. Middleton gave an interesting talk on the Ethics of Nursing. At the business meeting which followed, Miss Shellenberger, president of the association, was unanimously elected delegate to the convention of the American Nurses Association in San Francisco. Plans for entertaining nurses from the east, on their way to San Francisco were discussed. There was a good attendance.

THE NURSES ALUMNAE ASSOCIATION OF ST. MARK'S HOSPITAL held its annual meeting, at the nurses home, April 2, and elected the following officers: president, Carrie Roberts; vice-presidents, Mary Jacobson, Anna Hall; secretary, Lillian Green; treasurer, Myrta Travers. Frae Korous was unanimously elected the delegate to the convention in San Francisco.

THE COMMENCEMENT EXERCISES OF THE TRAINING SCHOOL FOR NURSES OF ST. MARK'S HOSPITAL were held in St. Mark's Cathedral April 26. There were ten nurses graduated. After the exercises, a reception was held at the Odeon.

#### VERMONT

THE VERMONT STATE LEAGUE FOR NURSING EDUCATION held its annual meeting at Proctor Hospital, Proctor, May 11. Officers were elected as follows:

president, Mary E. Schumacher, Brattleboro Memorial Hospital, Brattleboro; vice-president, Clara J. Churchill, Mary Fletcher Hospital, Burlington; secretary-treasurer, Caroline Swift, Barre Hospital, Barre. Following the meeting, luncheon was served by Catherine Allison, superintendent of Proctor Hospital, Mrs. Fletcher Proctor and Mrs. Davis presiding. The party of nurses then motored to Rutland for the state meeting.

THE VERMONT STATE NURSES' ASSOCIATION held its first annual meeting at the new hospital in Rutland on the afternoon of May 11. There was a large gathering and a lively interest was shown in the business transacted. Papers were read on The Miracles of Modern Surgery, Miss Churchill; Public Health Nursing, Cora Curtiss; Twilight Sleep, Mrs. Rose Lawler. It was decided to give \$25 to the Red Cross relief fund. The association was organized a year ago with a membership of 78; this has been increased to over 100 during the year. The following officers were elected: president, Mary E. Schumacher; vice-presidents, Mrs. F. R. Patch, Cora Curtiss; secretary-treasurer, Hattie E. Douglass, Mary Fletcher Hospital, Burlington; assistant secretary, Anna Aitken, Rutland; directors, Clara J. Churchill, Brandon, Catherine Allison, Proctor, Mary E. Schumacher, Brattleboro, Mrs. Marion Green, Proctor.

**Burlington.**—THE MARY FLETCHER HOSPITAL held graduating exercises for a class of eight nurses at the Medical College on the evening of June 4. A reception followed at the Nurses' Home.

#### WEST VIRGINIA

**Clarksburg.**—THE GRADUATE NURSES held a meeting at St. Mary's Hospital, April 5, and organized a County Association. A constitution and by-laws, previously written up by a committee of three, Loula Kennedy, Red Cross Visiting Nurse, Charlotte Harr, St. Mary's Hospital, and Mary White, superintendent of Kessler Hospital, were read and approved. There were eighteen nurses present, which speaks well for the future of the Association, as this was a very busy season and nearly all the nurses were on duty. After the election of officers the meeting adjourned. Refreshments were served by the alumnae of St. Mary's Training School.

THE ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on April 9. The attendance was good and after the transaction of routine business refreshments were served by the pupil nurses of the school. Nellie Manning and Mary B. Gorman who were to sail for Belgium, April 17, with other Red Cross nurses, were presented with pocket flash-lights by the alumnae. Emma Butler is located at Tulsa, Oklahoma.

#### BIRTHS

On February 17, at Topeka, Kansas, a son, Allan Metcalf, to Mr. and Mrs. George Duncan. Mrs. Duncan was Margaret Metcalf, class of 1907, St. Luke's Hospital, Cedar Rapids, Iowa.

On March 31, at Oskaloosa, Iowa, a son, William Gray, to Mr. and Mrs. E. L. Gilchrist. Mrs. Gilchrist was Grace Boggess, class of 1913, St. Luke's Hospital, Cedar Rapids, Iowa.

On April 1, a daughter to Mr. and Mrs. D. P. Kuhns. Mrs. Kuhns was Nora Stephens.

On April 1, a daughter, to Dr. and Mrs. W. W. Williams. Mrs. Williams was Mary Gale.



On May 1, at Los Angeles, a daughter, Barbara Eleanor, to Mr. and Mrs. George Corby. Mrs. Corby was Edna May Smith, class of 1910, Rochester General Hospital, Rochester, New York.

On April 1, at Clarinda, Iowa, a son, Harlan Powers, to Mr. and Mrs. Clyde Harlan Walker. Mrs. Walker was Grace B. Nelson, class of 1911, Wise Memorial Hospital, Omaha.

On March 3, at Saginaw, Michigan, a son, to Mr. and Mrs. Frederick B. Schneider. Mrs. Schneider was Miss Flanigan, class of 1910, St. Mary's Hospital.

On March 5, a daughter, to Mr. and Mrs. William Emery. Mrs. Emery was Bessie Ritchey, graduate of St. Joseph's Hospital, Chatham, Ontario, Canada.

#### MARRIAGES

On April 15, at Chicago, Illinois, Elizabeth A. Stillhamer to W. Langdon Sanders. Rev. and Mrs. Sanders will live in Bloomington, which has been the home city of both for a number of years. Mrs. Sanders is a permanent member of the American Nurses' Association and is known to many of its members.

On April 14, at Chicago, Illinois, Inez Rankin File, class of 1912, Illinois Training School, to John Haslett.

On April 10, at Chicago, Illinois, Emily Ethridge, class of 1904, Illinois Training School, to William A. Brewer.

Recently, Alice Ware Pilcher, class of 1911, Illinois Training School, Chicago, to Fred. W. Rice. Mr. and Mrs. Rice will live in Houston, Texas.

On May 3, in St. Joseph, Missouri, Anna J. Crotty, class of 1911, St. Joseph's Hospital, to Anthony Ege. Mr. and Mrs. Ege will live in Vernon, Nebraska.

On April 30, at Cynwyd, Pennsylvania, Edna Wallis, class of 1911, Presbyterian Hospital, Philadelphia, to Philip Fulton Randolph. Mr. and Mrs. Randolph will live in Cynwyd.

Recently, Miss Koehler, class of 1909, Hope Training School, Fort Wayne, Indiana, to Joseph Clair Scott, of Livingston, Montana.

On February 16, at Holy Rosary Church, Detroit, Michigan, Ethel E. Byrne, class of 1911, St. Mary's Hospital, Detroit, to Harold Payette.

On April 14, Vera Carter, class of 1908, St. Mary's Hospital, Detroit, Michigan, to N. J. Malloy, M.D. Dr. and Mrs. Malloy will live in Northville, Michigan.

On April 14, Louisa Pilon, class of 1912, Providence Hospital, Detroit, Michigan, to Frederick William Phillips, M.D. Dr. and Mrs. Phillips will live in Battle Creek, Michigan.

On April 21, Mrs. Jane M. Holmes, class of 1910, Farrand Training School, Harper Hospital, Detroit, Michigan, to Huston Taylor. Mr. and Mrs. Taylor will live in Detroit.

On April 15, Jennie A. Leece to Walter G. Lambert, M.D. Mrs. Lambert has been in charge of the Emergency Hospital at Wyandotte, Michigan, for two years, and served for two years on the Board of Examiners, when it was first established. Dr. and Mrs. Lambert will live in Wyandotte.

On May 8, Charlotte Malin, class of 1912, St. Mary's Hospital, Detroit, Michigan, to Walter Vincent McKee.

Recently, Eva L. Berthiaume, class of 1910, Rhode Island Hospital, to Herbert E. Slayton. Mr. and Mrs. Slayton are living in Detroit, Michigan.

Recently, at the rectory of St. Edward's Church, Providence, Rhode Island, Mary A. McNiff, class of 1914, Rhode Island Hospital, to William P. Hanley. Mr. and Mrs. Hanley will live in Providence.

## DEATHS

On April 26, at the Plant Park Infirmary, Tampa, Florida, Annie Powell Wilson, graduate of St. Luke's Hospital, Richmond, Virginia. Miss Wilson was ill but a short time. At the time of her death she was employed as office nurse, but had previously been head nurse at Bluefield Sanitarium, Bluefield, Virginia.

On May 1, at the home of her sister in Goliad, Texas, Ethel Brewer, class of 1911, Physicians and Surgeons Hospital, San Antonio. Miss Brewer, who was not yet thirty years of age, had been hopelessly ill for some time, but had born her illness with great courage.

On April 24, at the Faulkner Hospital, of double pneumonia, Margaret Coyne, graduate of Carney Hospital, Boston. The funeral services were held at her home in Worcester. Miss Coyne was secretary of her alumnae at the time of her death.

On April 15, at the Massachusetts General Hospital, Boston, Sarah M. Peasley. Miss Peasley was a Medford nurse. She was struck by an automobile on April 14 and died the following day as the result of her injuries.

On April 17, at Bernardsville, New Jersey, Augusta G. Reed, class of 1894, Methodist Episcopal Hospital, Brooklyn. Miss Reed had been visiting nurse and school nurse in Bernardsville for eight years and met her death while taking a boy to the oculist, in her automobile, which turned over on a hill. Miss Reed's neck was broken and death was instantaneous. She had no known relatives, but the esteem in which she was held was shown by the people among whom she had worked, and by the attendance at her funeral. A double line of school children, standing with uncovered heads, reached from her home to the church, as her body was borne from one place to the other by prominent men of the township, while others acted as honorary pall bearers. Schools were closed and flags were at half mast. The members of the Board of Education and all the doctors in the community walked in the procession which accompanied the body to the station, while all the ministers of the town attended the final service at Evergreen Cemetery, Brooklyn. Miss Reed's work in the community had been a force for good, her enthusiasm was inexhaustible, she worked hard for long hours and made and kept hosts of friends. She was deeply religious, having prepared herself for missionary work, and she saw everything in life from the standpoint of her faith, though in a simple and natural manner.

Miss Reed was a Spanish-American war nurse, having served at Chickamauga Park and in the Philippines. She was an active member of the New Jersey State Nurses' Association and will be greatly missed by her associates. As chairman of the membership committee for two years, more members were enrolled than during any similar period. Ten members of the association attended the funeral services.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**A HANDBOOK ON PSYCHOLOGY AND MENTAL DISEASE FOR USE IN TRAINING-SCHOOLS, FOR ATTENDANTS AND NURSES AND IN MEDICAL CLASSES, AND AS A READY REFERENCE FOR THE PRACTITIONER.** By C. B. Burr, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, of the American Medical Association, of the American Neurological Association, of the Detroit Society of Neurology and Psychiatry; Corresponding Fellow of the Detroit Academy of Medicine; Foreign Associate Member of Societe Medico-Psychologique of Paris, etc. Fourth Edition. Revised and enlarged with illustrations. Philadelphia. F. A. Davis Company, Publishers, English Depot: Stanley Phillips, London, 1914.

This book, which has grown increasingly valuable as the author keeps adding to it from his long experience, is now in the fourth edition.

For practical teaching in nursing the insane, perhaps Dr. Burr is a little disappointing, only about twenty-five pages at the end of the book being devoted to nursing, and even this small part fails to give very definite directions for actual nursing. The greater part of the book is concerned with psychology and insanity, with a short chapter on the management of the insane from the medical standpoint.

**NURSING AND CARE OF THE NERVOUS AND THE INSANE.** By Charles K. Mills, M.D., Professor of Neurology in the University of Pennsylvania; Neurologist to the Philadelphia General Hospital. Third Edition revised by the Author, assisted by N. S. Yawger, M.D., Instructor of Neurology, University of Pennsylvania, Assistant Neurologist, Philadelphia General Hospital. J. B. Lippincott, Philadelphia and London. Price \$1.25.

The authors of this book quite properly agree that the nursing of the nervous and the insane calls for special training and a high order of intelligence on the part of the nurse. Perusal of the book, however, brings one to the conclusion that as yet the special training and the

superior intelligence are all to belong to the doctor, the nurse being content to exercise them vicariously. The book is discouragingly full of things "a nurse need not know." The reader feels inclined to remind the authors of the axiom of an old professor of physiology, quoted to many a medical student, to the effect that nature may be able to take care of a surplus but she cannot supply a deficiency.

The application of treatment by massage, baths, and electricity are discussed to a limited extent; and general principles of institutional, rather than private or home care, of the insane form a large part of the text.

**ESSENTIALS OF MEDICAL ELECTRICITY FOR MEDICAL STUDENTS AND NURSES.** By George K. Abbott, M.D., Professor of Clinical Medicine, College of Medical Evangelists, Loma Linda, Cal. 12 mo. of 132 pages with 87 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth \$1.25.

This book will be found a helpful adjunct to laboratory teaching. It gives many valuable practical demonstrations of the use and nature of electrical machines and the application of their use for therapeutic purposes. Besides many elucidating plates, there are at the end of most of the chapters short reviews arranged in question form, for the use of students.

**DORLAND'S AMERICAN POCKET MEDICAL DICTIONARY.** Edited by W. A. Newman Dorland, M.D., Editor *American Illustrated Medical Dictionary*. Ninth Edition Revised and Enlarged. 30 mo. of 691 pages. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, gold edges, Plain \$1.00 net; Thumb index \$1.25 net.

With each appearance this little book becomes more popular, indeed it is hard to find a fault in it. Designed for quick reference, it is arranged alphabetically, so it is its own index. This new ninth edition contains several hundred new terms, and it retains its old form with handsome leather binding.

## OFFICIAL DIRECTORY

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